

8:30 a.m. – Rich Cordray, Mahoning County Democratic leaders to hold unity event: The Democratic nominee for governor, along with running mate Betty Sutton, plans to join ex-primary rival Joe Schiavoni and U.S. Rep. Tim Ryan. *761 Youngstown Kingsville Rd SE, Vienna.*

10 a.m. – The Eyes of Freedom exhibit: The interactive traveling tribute to soldiers and veterans will be on display through May 27. *Rotunda, Ohio Statehouse.*

10 a.m. – Attorney General's Task Force on Criminal Justice and Mental Illness quarterly meeting. *The State Library of Ohio, 274 E. First Ave.*

11 a.m. – Governor's wreath-laying ceremony: Gov. John Kasich and others plan to honor fallen Ohio service members as part of a Memorial Day ceremony. *West Plaza, Ohio Statehouse.*

Noon – Rep. Emilia Sykes golf outing fundraiser: Sponsor levels for the Akron Democrat range from \$125 to \$1,000. Tee times are from noon until 2 p.m.; a 5:30-7 p.m. reception will follow. *Firestone Country Club, 452 E. Warner Rd, Akron.*

1:15 p.m. – Rich Cordray to make opioid crisis-themed campaign stops: The Democratic gubernatorial nominee has stops planned in Canton at 1:15 p.m., Mansfield at 3 p.m. and Findlay at 5:15 p.m. to discuss the opioid epidemic and attack GOP rival Mike DeWine over the issue.

1:30 p.m. – Controlling Board. *North Hearing Room, Senate Building.*

6:30 to 8 p.m. – Kathleen Clyde fundraising reception: The Democratic secretary of state nominee is seeking donations between \$50 and \$1,000. The event is being held at the Pepper Pike home of Jill Miller Zimon.

Birthdays

Laura Bischoff, Dayton Daily News political reporter

Straight From The Source

"The only thing bigger than the royal wedding is the @CuyahogaDWC annual brunch AND tonight's return of @burningriver to Ohio's 8th House District. Harry and Meghan are super jealous of my life."

- Rep. Kent Smith, tweeting Saturday about the Cuyahoga Democratic Women's Caucus brunch and the Burning River Roller Derby league. Saturday was also the day Prince Harry and Meghan Markle got married at Windsor Castle in Great Britain.

One of our aims with Capitol Letter is frequent communication with you, the reader. We value your thoughts and suggestions about the newsletter. What do you think of it? What features do you like? What could we do better? Is there a topic you'd like to see us address? And what time would you like to receive the newsletter? We've been sending it at about 6:15 a.m. Would you like it to arrive earlier? We value your feedback and are committed to making Capitol Letter your essential first read of the morning. Email us at Capitolletter@cleveland.com.

To ensure receipt of our emails, please add cleveland.com_newsletters@update.cleveland.com to your address book or safe sender list. You received this email because you opted-in to the newsletter. Was it forwarded to you? [Sign up now!](#)

[UNSUBSCRIBE](#) | [PRIVACY POLICY](#) | [CONTACT US](#)

From: Capitol Letter
Sent: Wednesday, May 23, 2018 6:15 AM
To: Lenzo, Mike
Subject: Speakerless House kills, alters bills

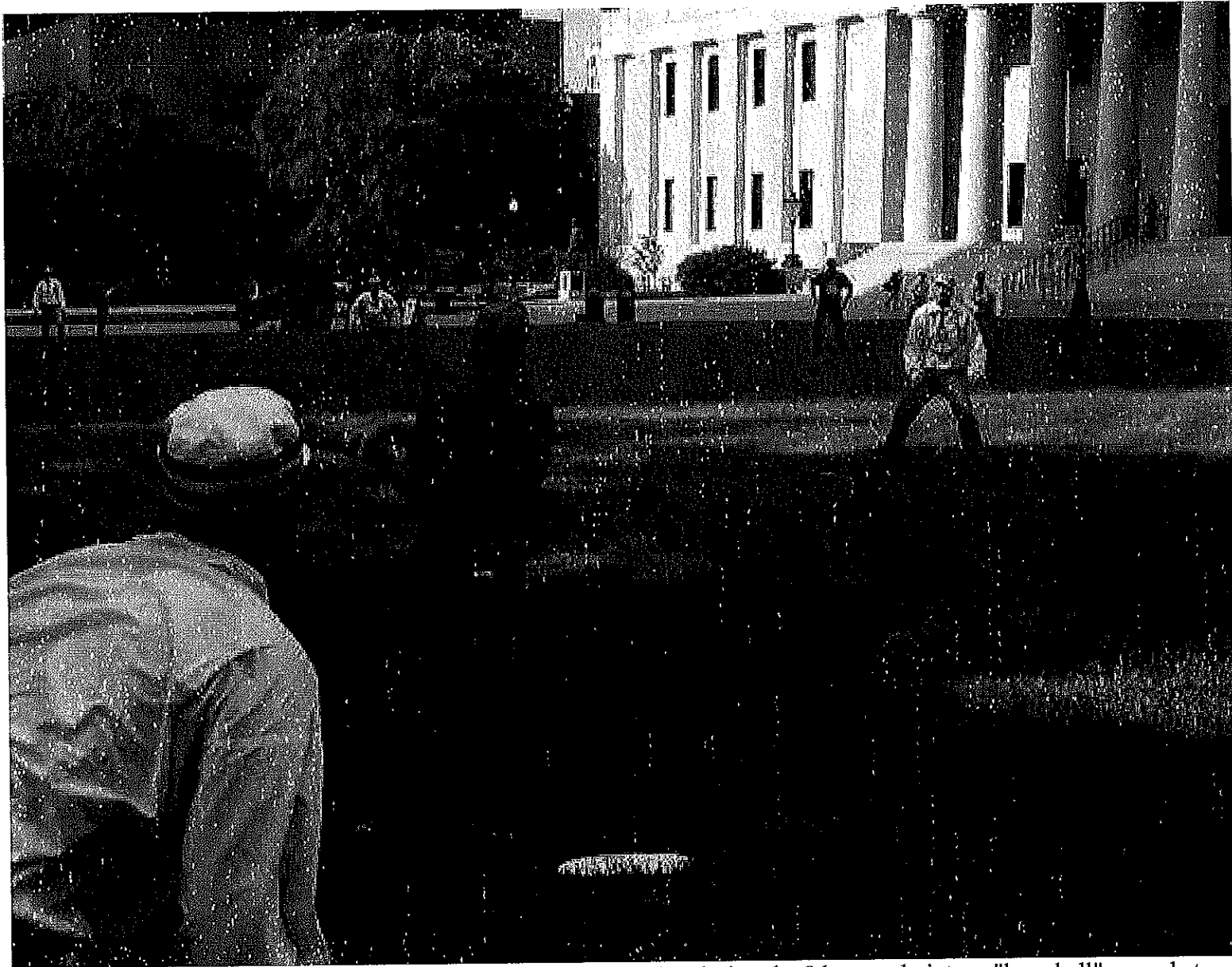
Wednesday, May 23, 2018

[View in Browser](#)



Capitol Letter

Laura Hancock and Jeremy Pelzer



Rep. Kyle Koehler, a Springfield Republican, hits a fly ball Tuesday during the 8th annual vintage "base ball" game between state lawmakers and the Ohio Village Muffins on the Statehouse grounds. (Jeremy Pelzer/Capitol Letter)

Rotunda Rumblings

Up in smoke: A House committee snuffed out a bill Tuesday that would have required purchases and sales in Ohio's new medical marijuana program to be cashless. The House Government Accountability and Oversight Committee rejected House Bill 495, 7 to 5 – an unusual defeat,

considering that committee chairs don't generally bring a bill to a vote if it's not going to pass.

Out of the loop: H.B. 495 would have required medical marijuana patients and businesses to make purchases and payments electronically through debit cards. Each transaction in the "closed-loop system" could be tracked to ensure the program followed state law. But the idea was criticized because transaction fees would be added each time a card was swiped. A marijuana security expert said it wouldn't prevent money laundering or illegal drug trafficking. Before the committee defeated the bill, it unanimously adopted an amendment proposed by sponsor Rep. Bill Seitz that would have in part dissolved the closed-loop system if the federal government ever allowed banks and other financial institutions to operate in the marijuana industry.

No House bill votes yet: The Ohio House, which has been without a speaker as Republican leaders have tried to agree on a replacement for ex-Speaker Cliff Rosenberger for the rest of the year, has an ever-growing backlog of legislation awaiting floor action before summer break. But none of it will be addressed during Wednesday's House session. House GOP spokesman Brad Miller tells Capitol Letter that the only item on Wednesday's agenda will be to elect a speaker. After that, Miller said, House Republicans plan to caucus Wednesday night, then hold votes on legislation on Thursday – the final scheduled session day before this fall. If that plan holds, the House Rules Committee will decide Wednesday which bills will be voted on Thursday.

More fallout: The House's lack of a speaker altered another bill Tuesday. House Bill 525 originally would have increased Ohio's film tax credit from \$40 million to \$100 million a year, and made Broadway productions eligible for the benefit. But the committee wiped out the credit increase, sending the tax break back to \$40 million. Former Speaker Rosenberger was a co-sponsor on the bill. After he resigned, documents revealed he dashed off to Burbank, California, to woo Disney to build a film studio near Cincinnati – based on a discussion with someone who was not a Disney employee. Only after meeting with Disney officials in person did he learn there was never a plan for an Ohio studio.

Bad for business: A collection of powerful business groups penned a letter to House members on Monday, imploring them to end the deadlock over electing a new speaker. "Without a speaker – and with the distracting controversy of electing one – we risk timely progress" on issues such as "regulatory reform, workforce education and development, tax matters, additional tort measures, and meaningful unemployment compensation reform," the letter stated. It was signed by officials with NFIB-Ohio, the Ohio Business Roundtable, the Ohio Chamber of Commerce, the Ohio Farm Bureau, the Ohio Council of Retail Merchants, and the Ohio Manufacturers' Association. Not mentioned: which candidate the groups prefer to see as speaker.

Making records: Lawmakers advanced a bill that would specify police body cameras and dash cams are generally public record. There is no state law for body cameras, and House Bill 425 outlines 17 instances when recordings would be exempt from public records law – including to protect sexual assault victims and footage showing violence against police officers. The Ohio News Media Association and the Ohio Association of Broadcasters generally support the bill, said Dennis Hetzel, who was speaking for both groups. Hetzel was part of negotiations to amend the bill. He hopes the 17 exemptions will be narrowed down in coming weeks and that the dash cam provisions get removed, since existing law and court rulings have clarified that they're usually public record.

Radioactive report: A House committee reported House Bill 393 last week to permit sales of brine from oil and gas drilling for road de-icing, despite a state report showing the salty liquid has radium levels up to 500 times higher than federal drinking-water limits. According to a 2017 memo from the Ohio Department of Natural Resources, state officials found high radium levels in samples taken from a suburban Akron company, as well as from de-icers purchased at nearby stores. As Capitol Letter reported last week, the memo led Rep. Michael O'Brien to remove himself as a co-sponsor of HB 393, but the House Energy and Natural Resources Committee voted 8-4 on May 15 to report the bill. Committee Chair Al Landis didn't return a phone call Tuesday seeking comment.

Cure for patient ills? Lawmakers advanced a bill that would prohibit contracts that force pharmacists from keeping silent when a customer pays

more for a drug with insurance than it would cost to pay with cash. House Bill 479 clamps down on pharmacy-benefit managers, middle men who negotiate between drug makers and pharmacists. In early April, the Ohio Department of Insurance prohibited so-called gag orders requiring pharmacists to contractually keep quiet about the affordable drug option. H.B. 479 goes a step further: If a patient has a \$20 co-pay for a drug that only costs \$10 if purchased without insurance, the customer must be charged the lesser amount. Antonio Ciaccia of the Ohio Pharmacists' Association said drug prices will become more transparent, and prices will decrease for many Ohioans.

Submetering sub bill: Rep. Mike Duffey's bill to regulate submetering companies (House Bill 249) was altered Tuesday by a House committee. A substitute bill adopted by the House Public Utilities Committee would, among other things, give electric utility companies the right of first refusal to serve new customers before resellers could offer to serve them.

Lawmakers pump up tire bill: Two GOP lawmakers running for statewide office, Sen. Frank LaRose and Rep. Robert Sprague, joined the U.S. Tire Manufacturers Association at a Monday news conference to urge the Ohio House to pass Senate Bill 223, which would slap a \$1,000 fine on suppliers who install an unsafe used tire on a vehicle. The bill burned rubber through the Ohio Senate late last year with bipartisan support and cruised through a House committee without opposition in February, but it still awaits a House floor vote. LaRose and Sprague are running for secretary of state and state treasurer, respectively.

Stories We're Talking About

The truth about jobs: Politicians take credit for good job growth, and they assess blame for the bad numbers. Cleveland.com's data expert Rich Exner cut through the spin by analyzing how Ohio's job numbers compared to national trends under recent governors. One interesting finding: "Gov. John Kasich's current term is a lot like the four years under his predecessor, Ted Strickland," Exner writes. "Yet, both terms under Kasich and the one term under the Strickland have been better versus the national trends than the 12 years before them - two terms under Bob Taft and the final term of George Voinovich."

The wait for weed: We were supposed to find out this week which applicants will get licenses to operate medical marijuana dispensaries in Ohio. But the Ohio Board of Pharmacy put off the announcement until early June, cleveland.com's Jackie Borchardt reports.

Headline news from PNN: "Inmates at Ohio's Marion Correctional Institution assembled several dozen computers from various parts, pirated software and illegally copied movies to broadcast on the prison movie network, an investigation from the state inspector general has found," Borchardt reports. The inmates, working for the Ohio Penal Industries' Prison News Network, copied movies rented by prison employees and showed them on the prison movie channel, violating copyright law and the prison's contracts with two film distributing companies.

Win some, lose some: U.S. Rep. Jim Jordan's favored candidates in two Ohio Republican congressional primaries lost earlier this month. But that won't deter the Freedom Caucus founder from trying to increase the size of his group and its political clout, cleveland.com's Sabrina Eaton reports.

Life preserver: Reps. Dave Joyce and Marcy Kaptur have written a letter seeking to save a volunteer advisory board for Great Lakes Restoration Initiative programs that has gone dormant under the Trump administration, Eaton reports. The letter, signed by 24 Congress members, asks EPA chief Scott Pruitt preserve the board, which it says has provided "invaluable advice."

Money matters: The Center for Public Integrity has an interesting look at "dark money" in the 16th Congressional District race. CPI says a group tied to a lobbyist for FirstEnergy spent tens of thousands of dollars on ads attacking state Rep. Christina Hagan and supporting Anthony Gonzalez, who beat her in the Republican primary.

Money matters, Part 2: U.S. Rep. Steve Stivers is the latest Ohio politician to offload campaign contributions connected to ECOT, the now-shuttered online charter school that is being investigated for possible fraud, the Columbus Dispatch reports. Stivers will give \$4,300 his campaign received from the school's founder, Bill Lager, to the National Institute for

Civil Discourse, the Dispatch's Jessica Wehrman writes.

Full Disclosure

Five things we learned from state Rep. Bill Reineke's April 9 financial disclosure statement filed with the Ohio Joint Legislative Ethics Committee. Reineke, a Tiffin Republican, is running for re-election and faces Democrat Rachel Crooks, who made headlines when she accused President Donald Trump of sexual harassment, in November.

1. He reported earning \$100,000 or more last year as president of Tiffin Ford-Lincoln, \$50,000 to \$99,999 as secretary of Reineke Ford Lincoln and \$25,000 to \$49,999 each from Reineke Lincoln Inc., where he is secretary, and Ford Motor Co.

2. He or one of his immediate family members was also involved in Reineke Nissan, Reineke Honda, Reineke Ford Lincoln of Lima LLC, Reineke RV LLC, Reineke Family Dealerships, 3RLima LLC, Reineke Under 10, SJLD Ltd., WFR Real Estate Inc., 3RM LLC and DEW Properties LLC, Elizcor LLC, ReinX3 LLC and Three R Reinsurance.

3. He's a trustee of the National Auto Dealers Association PAC.

4. He owns stock in Wendy's, Anthem, Marathon Oil, Ford, Merck, Citigroup, First National Bank of the Gulf Coast, GE, Macy's, Apple and Cisco, among other companies.

5. He reported receiving gifts last year valued at over \$25 from Ohio Jewish Communities. He received gifts valued at over \$75 from Cindy Dunne and the National Conference of State Legislatures.

What's Going On

8 a.m. – Convention of the States rally: Activists plan to gather in support of legislative resolutions to have Ohio join in a call for a U.S. constitutional convention to rein in federal authority and spending power. *West Plaza, Ohio Statehouse.*

8 a.m. to noon – Ohio Data Demo Day: Open data, transparency experts and lawmakers are set to discuss what “open data” means and how it benefits governments. *Jo Ann Davidson Theater, Riffe Center, 77 S. High St.*

8 to 9:30 a.m. – Rep. Kent Smith fundraiser: Sponsor levels for the Euclid Democrat range from \$350 to \$1,000. *Einstein Bros. Bagels, 41 S. High St.*

8:30 a.m. – Joint Education Oversight Committee: State Superintendent Paolo DeMaria is scheduled to give a presentation. *North Hearing Room, Senate Building.*

9 a.m. – House Finance Committee: The committee may amend and vote on Senate Bill 135, which would offer local governments nearly \$115 million to upgrade voting machines. *Room 313, Ohio Statehouse.*

9 a.m. – Senate Ways and Means Committee: Panel members may amend and vote on legislation to set up criteria regarding who's an Ohio resident (House Bill 292) and clarify that certain equipment used in oil and gas drilling is exempt from state sales taxes (House Bill 430). *South Hearing Room, Ohio Statehouse.*

9 a.m. – House Health Committee: Among other business, the committee vote to report House Bill 231, which would require pharmacists to dispense oxycodone, methadone and other controlled substances in bottles that either are opened with a code or show the last time they were opened. *Room 121, Ohio Statehouse.*

9 a.m. – Bureau of Workers' Compensation board of directors committee meetings: Scheduled meetings include the Investment Committee at 9 a.m., the Actuarial Committee at 10:30 a.m., the Audit Committee at 1 p.m., the Medical Services and Safety Committee at 2 p.m., and the Governance Committee at 3 p.m. *Room 3, Level 2, William Green Building, 30 W. Spring St.*

9:30 a.m. to 3 p.m. – Crohn's and Colitis Foundation Ohio Advocacy

Day. Governor Thomas Worthington Center, Ohio Statehouse.

9:30 a.m. to 6:30 p.m. – Ohio TourismWorks Legislative Day. Capital Club, 50 S. Front St.

9:30 a.m. to 1:30 p.m. – Childrens' Defense Fund Ohio Advocacy Day. Atrium, Ohio Statehouse.

10 to 10:45 a.m. – Sen. Frank LaRose to honor soap-box derby champs: The Republican lawmaker and secretary of state nominee plans to present governor's commendations to soap-box derby champions from around Ohio. *Milo's Patio, Ohio Statehouse (rain location is the Statehouse Museum Gallery).*

11:30 a.m. – Ohio Licensed Beverage Association legislative luncheon. Huntington Tower Terrace, 37th floor, 41 S. High St.

11:30 a.m. to 1 p.m. – Rep. John Becker fundraiser: The Union Township Republican is seeking contributions ranging from \$350 to \$1,000. *Ringside, 19 N. Pearl St.*

Noon – Rep. Steve Huffman fundraiser: Donation levels for the Tipp City Republican range from \$350 to \$1,000. *Pub Mahone, 31 E. Gay St.*

1:30 p.m. – House session.

1:30 p.m. – Senate session.

1:30 p.m. – Public Utilities Commission of Ohio meeting. Room 11B, 180 E. Broad St.

4:30 p.m. – Rep. Doug Green fundraiser: The Mt. Orab Republican is seeking donations between \$350 and \$1,000. *OHROC, 7th floor, 21 W Broad St.*

5 to 7 p.m. – Ohio Supreme Court nominee Melody Stewart fundraiser: Donation levels for the Cleveland Democrat range from \$100 to \$500. *The Harp, 4408 Detroit Ave., Cleveland.*

5 to 6:30 p.m. – Legislative candidate Bill Roemer fundraiser: The Republican nominee for House District 38 is seeking donations of \$350 to \$1,000. State Rep. Kristina Roegner is slated to be a special guest.
Buckeye Bourbon House, 36 E. Gay St.

5:30 p.m. – Sen. Matt Dolan fundraiser: The Chagrin Falls Republican is seeking donations of \$250. *Fat Head's Brewery, 24581 Lorain Rd., North Olmsted.*

Birthdays

Greg Lawson, Buckeye Institute research fellow

Rep. Craig Riedel

Straight From The Source

"We're not laughing at you – we're laughing with you."

- Sen. Bill Coley, speaking to Rep. Jim Butler in a Statehouse hallway Tuesday. Coley was making a friendly jab about the House's ongoing difficulties in electing a new speaker.

One of our aims with Capitol Letter is frequent communication with you, the reader. We value your thoughts and suggestions about the newsletter. What do you think of it? What features do you like? What could we do better? Is there a topic you'd like to see us address? And what time would you like to receive the newsletter? We've been sending it at about 6:15 a.m. Would you like it to arrive earlier? We value your feedback and are committed to making Capitol Letter your essential first read of the morning. Email us at Capitolletter@cleveland.com.

To ensure receipt of our emails, please add cleveland.com newsletters@update.cleveland.com to your address book or safe sender list. You received this email because you opted-in to the newsletter. Was it forwarded to you? Sign up now!

[UNSUBSCRIBE](#) | [PRIVACY POLICY](#) | [CONTACT US](#)

From: Thomas, AJ
Sent: Wednesday, May 23, 2018 11:20 AM
To: House_All
Subject: ALERT- HAPPENING NOW: Deconstructing the Administrative State Luncheon

Come on up to the 31st Floor!

From: Thomas, AJ
Sent: Tuesday, May 15, 2018 9:34 AM
To: Thomas, AJ <AJ.Thomas@ohiohouse.gov>
Subject: RE: Deconstructing the Administrative State Luncheon

Make sure to respond by **this Friday 5/18** for a free lunch! See below:

From: Thomas, AJ
Sent: Friday, May 11, 2018 11:50 AM
To: Thomas, AJ <AJ.Thomas@ohiohouse.gov>
Subject: Deconstructing the Administrative State Luncheon

Hello! Had enough of bureaucracy? Tired of all the red tape? Concerned about rogue agencies seemingly operating impervious to oversight? I am, too!

A wise man once said, "There is no such thing as a free lunch," but he was wrong!

On Wednesday May 23rd there will be a panel discussion of HB580 featuring the American Principles Project's Erin Tuttle, Greg Lawson of The Buckeye Institute, and Micah Derry of Americans for Prosperity. It will be moderated by Representative Andy Thompson. There will also be a free lunch provided by the parties in question.

House Bill 580, adds oversight and transparency to Ohio executive agencies' applications for federal grants, in an effort to control the rise of the administrative state. The discussion will include how the bureaucracy of our federal and state governments has grown over time, and how this administrative growth has specifically hurt the State of Ohio through federal grants and mandates. We will discuss how HB580 will help address the problem we have with a rising administrative state, and institute oversight via the executive branch.

WHERE: 31st Fl. North Room

WHEN: Wednesday May 23rd from 11:00-12:15

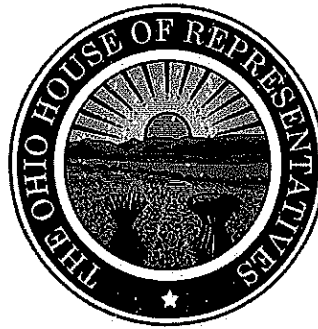
WHO: All Members and Staff are invited

Please RSVP to AJ Thomas (AJ.Thomas@ohiohouse.gov) by Friday May 18th so we may have a count for lunch.

We hope to see you there!

Andrew M. Thompson

Andy Thompson
State Representative
House District 95



THE BUCKEYE INSTITUTE



AMERICANS FOR
PROSPERITY.

From: Capitol Letter

Sent: Tuesday, May 29, 2018 6:15 AM

To: Lenzo, Mike

Subject: Deal may end House GOP speaker impasse

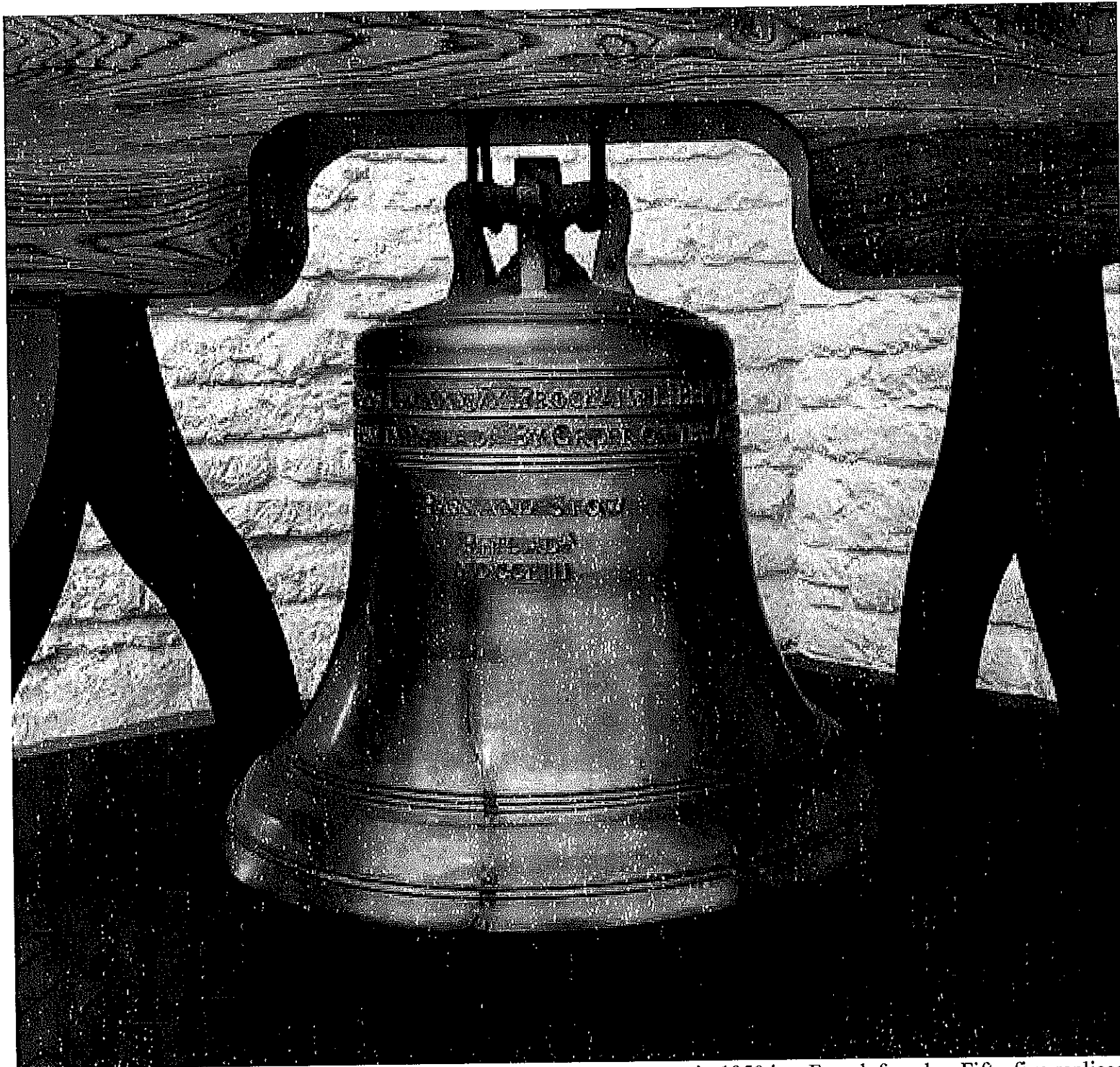
Tuesday, May 29, 2018

[View in Browser](#)



Capitol Letter

Laura Hancock and Jeremy Pelzer



A full-size Liberty Bell replica in the Ohio Statehouse basement was cast in 1950 in a French foundry. Fifty-five replicas were made for U.S. states and territories as part of a campaign to encourage the public to invest in U.S. savings bonds. Fo

years, the bell was in a Statehouse hall near State Street. During the 1990s Statehouse renovation, the bell was moved to the Ohio Historical Society. It returned to the Statehouse in March 2015. (Laura Hancock, Capitol Letter)

Rotunda Rumblings

Deal or no deal? To break the Ohio House's deadlock over finding a speaker for the rest of the year, Speaker Pro Tempore Kirk Schuring, Rep. Larry Householder and Ohio GOP Chair Jane Timken reached an agreement to have Schuring handle the duties. One problem: it's not clear how many lawmakers will go along with the idea, which would require the House to approve a rule change. Rep. Ryan Smith, who has been working to get the votes needed to become interim speaker, told Capitol Letter's Jeremy Pelzer he wouldn't support the deal. "If Ryan's not supportive of this deal, then I think it's deadlier than a doornail," said Rep. Andy Thompson, who also expressed hesitation over the idea.

Say cheese: Two lame-duck House members are making one last effort to have all standing Ohio House committee meetings broadcast live to the public. Currently, only House floor sessions and House Finance Committee meetings are broadcast on the Ohio Channel. Democrat Dan Ramos and Republican Wes Retherford, the sponsors of House Bill 667, tried to expand that last session, arguing the House already bought the needed wiring and equipment years ago. But their bill last session only got one hearing, and with the House now in dysfunction and the end of session on the horizon, it's likely their new bill is headed for a similar fate.

Last hurrah: HB 667 was just one of a slew of new bills introduced last week by outgoing House members. Ramos introduced seven other measures on topics ranging from an income-tax credit for college expenses to how to break tie votes in elections. But Ramos' output was overshadowed by term-limited Democratic Rep. John Barnes, who introduced a whopping 17 bills dealing with everything from new lead-abatement rules to increasing penalties for assaulting a public-transit employee. Again, the chances of passage are slim for any bill introduced this late in the session – especially when it's from a term-limited Democrat.

Another side of the story: A state lawmaker is questioning claims made

by some payday lenders that they tried to reach a compromise on a bill to tighten regulations on them, and that ex-Speaker Cliff Rosenberger used strong-arm tactics to stop their efforts. Rep. Kyle Koehler, the Springfield Republican who co-sponsored House Bill 123, tells Pelzer that the lenders never put forth a compromise proposal as they claim. He added that Rosenberger actually helped jump-start negotiations by assigning Schuring to be point person for the bill.

Separation of church and state? A House committee advanced a bill last week – despite a warning that the measure could be unconstitutional – that would give state grants to faith-based organizations that help people with substance abuse and addiction problems. ACLU Chief Lobbyist Gary Daniels told members of the House Community and Family Advancement Committee that he understood their frustration with the opioid epidemic and their desire to reverse it. But he said House Bill 427 violates the Establishment Clause of the First Amendment, since the bill doesn't make it clear that religious programs would have to treat people who don't share their beliefs. The bill also doesn't prohibit programs from proselytizing to clients or ban them from requiring clients to attend religious services. "While the Establishment Clause forbids these scenarios, H.B. 427 is silent on these matters," Daniels said.

Just what the doctor ordered? As expected, psychologists and psychiatrists faced off last week over a bill that would allow the PhDs to prescribe psychotropic meds. Marlin Hoover, a psychologist licensed to prescribe in New Mexico in a program similar to Ohio House Bill 326, told the House Health Committee that there's a psychiatrist shortage. And the requirements of shrinks to obtain a master's degree in psychopharmacology, pass an exam and undergo clinical supervision were developed first by the military.

Side effects? Columbus psychiatrist William Resch testified on behalf of the Ohio Psychiatric Physicians Association, saying nearly 200 similar bills have been introduced in the states since 1985 – and only New Mexico and Louisiana have adopted them. Oregon's governor recently vetoed one passed by its legislature. And bills in Illinois, Iowa and Idaho have been passed, but no PhDs are prescribing because rules over prescribing privileges have taken a long time to write, due to the public's safety

concerns, he said. "We believe a a 425-hour online course, which can be completed in the equivalent of 10 weeks, teaching solely about medications, is inadequate preparation for the skills necessary to safely prescribe," he said, arguing that the master's degree doesn't require basic science prerequisites and gives psychologists only limited exposure to anatomy, physiology, biochemistry, neurology, cardiology, gastroenterology and other areas of medicine.

Aftab gets hitched: Democratic Hamilton County Clerk of Courts Aftab Pureval took some time out from his 1st District congressional campaign last weekend to get married to Dr. Whitney Whitis, a physician.

Stories We're Talking About

Not boring: Richard Cordray pushes back on the notion that he's boring during an interview with Ohio Matters, cleveland.com's politics podcast. The five-time Jeopardy champion was anything but boring, telling stories of his past adventures on the basketball court and explaining what's behind his eclectic Twitter persona. Podcast hosts Seth Richardson and Andrew Tobias even got Cordray to play a round of Ohio trivia. Spoiler alert: he answered some challenging questions, got stumped on a couple of others and corrected the hosts when they got one of the facts wrong.

Ad launch: U.S. Rep. Jim Renacci's Senate bid will get a boost from Americans for Prosperity, a group underwritten by the Koch brothers. The group is launching a major ad campaign applauding members of Congress, including Renacci, who voted against the \$1.3 trillion omnibus spending bill, and criticizing those who didn't, cleveland.com's 2s Sabrina Eaton reports.

You're cut off: The Ohio Bureau of Workers Compensation got an assist from social media in uncovering a case of fraud in Cuyahoga County, cleveland.com's Emily Bamforth reports. Investigators found a Facebook post that indicated a Lakewood woman who was receiving disability benefits was also working as a bartender.

Moot? A state representative who supports Mike DeWine for governor wants to withdraw his complaint about a \$3 million loan to GOP rival Mary

Taylor's gubernatorial campaign, the Columbus Dispatch's Randy Ludlow reports. Rep. Mike Duffey had alleged that the loan, repaid to Taylor's husband, was an illegal campaign contribution. Duffey told Ludlow that his complaint seemed moot because Taylor lost the primary, and he's concerned about the legal costs.

Take my toys and go home? The Dispatch's Jim Siegel has an account of last week's House Education Committee meeting that chairman Rep. Andrew Brenner abruptly ended when it appeared a Democratic-sponsored amendment he didn't like was going to get added to a bill. Democrats such as Rep. Kent Smith are incensed, saying Brenner's actions don't reflect representative democracy. Brenner later said that a number of Republicans would like more time to work on the bill.

Full Disclosure

Five things we learned from Rep. Kirk Schuring's April 9 financial disclosure statement. The Canton Republican is the House's interim speaker and could become the next speaker Wednesday. Schuring also seeks the Senate District 29 seat in November against Democrat Lauren Friedman.

1. In addition to working as a lawmaker, he described himself as an associate at University of Mount Union and said he earned \$25,000 to \$49,999. The Ohio State Treasurer's office said he earned \$91,057 last year in the House.
2. The Ohio House Republican Organizational Committee gave him \$1,209.52 for travel. His mileage reimbursement from the House was \$6,158.88. Also for travel, the Committee to Elect Cliff Rosenberger gave him \$1,805.90, his own campaign committee – Citizens for Schuring – gave him \$555.97, the National Conference of State Legislatures gave him \$468 and the U.S. Department of Homeland Security gave him \$8.
3. He reported receiving gifts from Rosenberger, GOP donor Virginia Ragan, the Texas Department of Public Safety, Ohio State University and the National Conference of State Legislatures.

4. Schuring reported the Ohio Jewish Communities gave him an award plaque worth \$65 last year. He received the Greater Cleveland Partnership's Small Business Advocate award, worth \$57.95, Ohio Advocates for Medical Freedom gave him a book and DVD worth \$30.63. OSU gave him football tickets worth \$280. The Cleveland Museum of Art gave him a meal and beverages worth \$41.78.

5. He reported owing at least \$1,000 at some point in 2017 to T.W. Schervish, Robert Schuring, Kohl's, CSE Credit Union, Robert Glasser, Donald Wilson and One Main Financial. And on April 13, he sent a letter to Tony Bledsoe, the legislative inspector general, saying he needed to amend his statement to include \$415.70 in Citizens for Schuring to be listed as an investment.

On the Move

Kalitha Williams, policy liaison at Policy Matters Ohio, has been elected to the board of the Consumer Federation of America, an association of non-profit consumer interest groups.

What's Going On Today

10 a.m. – Ballot Board meeting: The board is set to determine whether a proposed constitutional amendment to restrict payday lending is one or multiple ballot issues. *Finance Hearing Room, Senate Building.*

10:30 a.m. – BRAC task force to release findings: Members of the Ohio legislature's Task Force on Base Realignment and Closure and Military Affairs plan to unveil their recommendations. *Harding Press Room, Room 109, Ohio Statehouse.*

5:30 to 7 p.m. – U.S. Rep. Tim Ryan to hold Youngstown town hall. *Room 132, DeBartolo Hall, Youngstown State University, One University Plaza, Youngstown.*

5:30 to 7 p.m. – Rep. Richard Brown fundraiser: Sponsor levels for the Canal Winchester Democrat range from \$100 to \$500. *Dempsey's, 346 S.*

High St.

Birthdays

State Sen. Steve Wilson

Straight From The Source

"To call it a clown show is unfair to clowns, who actually are doing what they're paid to do."

- A Columbus Dispatch editorial about the impasse over electing a new Ohio House speaker.

One of our aims with Capitol Letter is frequent communication with you, the reader. We value your thoughts and suggestions about the newsletter. What do you think of it? What features do you like? What could we do better? Is there a topic you'd like to see us address? And what time would you like to receive the newsletter? We've been sending it at about 6:15 a.m. Would you like it to arrive earlier? We value your feedback and are committed to making Capitol Letter your essential first read of the morning. Email us at Capitolletter@cleveland.com.

To ensure receipt of our emails, please add cleveland.com_newsletters@update.cleveland.com to your address book or safe sender list. You received this email because you opted-in to the newsletter. Was it forwarded to you? Sign up now!

[UNSUBSCRIBE](#) | [PRIVACY POLICY](#) | [CONTACT US](#)

From: Parsons, Jason
Sent: Thursday, May 31, 2018 12:58 PM
To: House_All
Subject: Reminder: Open Enrollment 2018!
Attachments: 2018-2019 Pathways Open Enrollment.pdf; Open Enrollment 2018.ppsx

Importance: High

REMINDER: Open Enrollment 2018 end tomorrow. Please let me know if you need assistance.

From: Parsons, Jason
Sent: Friday, May 18, 2018 9:33 AM
To: House_All <House_All@ohiohouse.gov>
Subject: Open Enrollment 2018!
Importance: High

Open Enrollment 2018 will take place May 21 through June 1, 2018. All changes made during open enrollment will take effect July 1, 2018, and remain effective through June 30, 2019.

Please read the information listed below, along with the attached power point, as they outline important changes for the upcoming benefit year!

Vision Plan

- **Beginning July 1, 2018, the vision plan administrator will change from VSP to EyeMed.** Employees currently enrolled in vision coverage will receive a welcome packet from EyeMed in June with two identification cards. Note, ID cards are not required when using the benefit.

Behavioral Health

- **Employees enrolled in medical coverage will receive an ID card from Optum Behavioral Solutions in June for use with their behavioral health coverage.**

Take Charge! Live Well!

- The third-party administrator for the wellness program, known as Take Charge! Live Well!, is now Sharecare, which acquired Healthways in 2016. The program remains the same and is being administered by the same staff and health coaches.

Below is the link to the DAS website for open enrollment:

<http://www.das.ohio.gov/Open-Enrollment>

IF YOU DO NOT HAVE A CHANGE IN STATUS OR DEPENDENTS, YOU DO NOT NEED TO DO ANYTHING DURING OPEN ENROLLMENT.

If you prefer to review a hard copy of the Pathways to Open Enrollment, there are copies available in the 12th floor administrative office. Feel free to contact me regarding any questions or concerns with the 2018 Open Enrollment.

Jason Parsons

Fiscal Officer

Ohio House of Representatives

(614) 466-2114

OHIO DEPARTMENT OF ADMINISTRATIVE SERVICES AND THE JOINT HEALTH CARE COMMITTEE

MyBenefits

FOR STATE OF OHIO EMPLOYEES / JULY 1, 2018 – JUNE 30, 2019



**INSIDE
THE
GUIDE**

Open Enrollment Information

Walk-in Clinic vs. Urgent Care vs. Emergency Room

Cut costs: compare providers

What you should know before you go to get care

July 1, 2018 - June 30, 2019 Benefits Guide

CONTENTS

Welcome	3
Benefits Provided by the State of Ohio	4
Open Enrollment Periods	6
Benefits Enrollment Instructions	7
Health Benefits	8
Medical Coverage	9
Dependent Eligibility for Benefits	10
Medical Contributions	14
Preventive Care	16
Prescription Drug	18
Behavioral Health	20
Ohio Employee Assistance Program (OEAP)	22
<i>Take Charge! Live Well!</i>	23
Dental	24
Vision	26
Additional Benefits	28
Life Insurance	29
Union Benefits Trust Open Enrollment	32
Disability Benefits	33
Workers' Compensation	34
Flexible Spending Accounts	37
Commuter Choice Program	38
Legal Notices	39
Glossary	49
Health and Other Benefits Contacts	50
Save the Dates	51

Thank You for Your Service

Employment with the State of Ohio is more than just a job – it is a privilege to serve our families, friends and neighbors who rely on us throughout our great state. You are a part of a team of diligent public servants dedicated to delivering excellent, efficient services. You play a key role in our continued success.

The compensation you receive as a State of Ohio employee includes wellness and financial benefits explained in this guide.

The benefits outlined here are effective for the July 1, 2018, to June 30, 2019, benefit year.

John R. Kasich
Governor
State of Ohio

Robert Blair
Director
Ohio Department of
Administrative Services

THE JOINT HEALTH CARE COMMITTEE

The labor-management partnership
overseeing the State of Ohio
employee health care fund

CO-CHAIRS:

KELLY PHILLIPS
Co-Chair, Labor;
Ohio Civil Service Employees Association
(OCSEA)

KATE NICHOLSON

Co-Chair, Management;
Ohio Department of Administrative Services

MANAGEMENT REPRESENTATIVES:

TONY BONOFILIO
Ohio Department of Administrative Services

ROBIN GEE

Ohio Department of Rehabilitation
and Correction

CULLEN JACKSON

Ohio Department of Administrative Services

MEGAN KISH

Ohio Bureau of Workers' Compensation

KATHLEEN MADDEN

Ohio Attorney General's Office

JOAN OLIVIERI

Ohio Office of Budget and Management

JAN ROEDERER

Opportunities for Ohioans with Disabilities

AMY SHERRETS

Ohio Department of Developmental Disabilities

MICHELE WARD-TACKETT

Ohio Department of Natural Resources

LABOR REPRESENTATIVES:

OCSEA REPRESENTATIVES

MATT TYACK

State Board of Directors;
Ohio Industrial Commission

JAMES LARocca

State Board of Directors;
Ohio Lottery Commission

LAURA MORRIS

State Board of Directors;
Ohio Department of Health

BRUCE THOMPSON

State Board of Directors;
Ohio Department of Youth Services

CWA REPRESENTATIVE

TIM QUINN

Ohio Secretary of State's Office

FRATERNAL ORDER OF POLICE

REPRESENTATIVE

STEVE STOCKER

Ohio Department of Public Safety

OHIO STATE TROOPERS ASSOCIATION

REPRESENTATIVE

ELAINE SILVEIRA

Ohio State Troopers Association

SCOPE/OEA REPRESENTATIVE

DOMINIC MARSANO

Ohio Department of Rehabilitation
and Correction

SEIU 1199 REPRESENTATIVE

BARBARA MONTGOMERY

Ohio Department of Medicaid

Benefits Provided by the State of Ohio

Health Care Benefits		
BENEFIT	Areas of Coverage	Providers/Third-Party Administrators
Medical Care	Medical Coverage - Ohio Med PPO Prescription Drug Behavioral Health Wellness Program Take Charge! Live Well!	Aetna, Anthem, Medical Mutual of Ohio OptumRx Optum Behavioral Solutions Sharecare
Ohio Employee Assistance Program (OEAP)	Referral/Informational Services	Ohio Employee Assistance Program
Dental	Dental Coverage	Delta Dental (exempt employees) <u>Union Benefits Trust (bargaining unit employees)</u>
Vision	Vision Coverage	EyeMed Vision Care (exempt employees) <u>Union Benefits Trust (bargaining unit employees)</u>
Additional Benefits		
Benefit	Areas of Coverage	Providers/Third-Party Administrators
Life Insurance	Basic Life Insurance	Minnesota Life (exempt employees) <u>Union Benefits Trust (bargaining unit employees)</u>
Life Insurance	Supplemental Life Insurance	Minnesota Life (exempt employees) <u>Union Benefits Trust (bargaining unit employees)</u>
Disability	67 percent* of your base rate of pay while off work for a disabling condition *Union-represented employees should check your collective bargaining agreement	Ohio Department of Administrative Services - Disability Unit
Workers' Compensation	Salary Continuation Occupational Injury Leave (for specific agencies) Temporary Total Compensation	Ohio Department of Administrative Services Ohio Bureau of Workers' Compensation
Flexible Spending Accounts (FSA)	Health Care Spending Account (HCSA) Dependent Care Spending Account (DCSA)	WageWorks WageWorks
Commuter Choice	Transit and/or Parking	WageWorks

The State of Ohio provides quality, affordable and competitive benefits to eligible employees. Great care has been taken to select plan providers to ensure you receive quality benefits at competitive rates. Below is a summary of the benefits provided to you. To download the chart, [click here](#).

Health Care Benefits		
	Eligibility	Effective
	<ul style="list-style-type: none"> Full- and part-time permanent employees Part-time temporary employees who meet the Affordable Care Act eligibility requirements Eligible spouses and dependents younger than 26, or who are 26 and qualify as a disabled dependent 	First day of the month following a change in status/qualifying event, such as date of hire or marriage/divorce. The birth of a child(ren) or adoption/placement of a child is effective the date of the qualifying event.
	All state employees and their dependents	Upon employment
	Full- and part-time permanent employees with one year of continuous state service, and dependents younger than 23, or those who qualify as disabled dependents	First day of the month following the completion of one year of continuous state service
	See benefitstrust.org for details	See benefitstrust.org for details
	Full- and part-time permanent employees with one year of continuous state service, and dependents younger than 23, or those who qualify as disabled dependents	First day of the month following the completion of one year of continuous state service
	See benefitstrust.org for details	See benefitstrust.org for details
Additional Benefits		
	Eligibility	Effective
	Full- and part-time permanent employees, firefighters, judges and other elected officials serving fixed terms of office with one year of continuous state service.	First day of the month following the completion of one year of service
	See benefitstrust.org for details	See benefitstrust.org for details
	Full- and part-time permanent employees, firefighters, judges and other elected officials serving fixed terms of office and their eligible dependents.	For guaranteed issue amounts: first of the following month in which the request for coverage is made. For coverage requiring evidence of insurability (EOI): approval date or first of the following month, whichever is later.
	See benefitstrust.org for details	See benefitstrust.org for details
	Full-time permanent employees who have completed one year of continuous state service Part-time permanent employees who have completed one year of continuous state service and have worked 1,500 or more hours within the 12 calendar months preceding the date of disability	First day of the month following the completion of one year of continuous state service (immediately prior to the date of disability)
	Full- and part-time permanent employees	Upon employment
	All state employees	Upon employment
	Full- and part-time permanent employees who have completed their initial probationary period at the time of the FSA Open Enrollment	First day of the month following enrollment or Jan. 1
	Full- and part-time permanent employees	
	All state employees	First day of the month if you enroll by the fifth of the previous month

Open Enrollment Periods



OPEN ENROLLMENT IN THE SPRING MAY 21 THROUGH JUNE 1, 2018 *Medical, Dental, Vision and Supplemental Life Insurance*

The Open Enrollment period in the spring allows employees the opportunity to enroll or make election changes in the following health care coverage and supplemental life insurance benefits:

- Medical, which includes Behavioral Health, Prescription Drug and Wellness (known as the *Take Charge! Live Well!* program);
- Dental;
- Vision; and
- Supplemental Life Insurance.

This guide informs you and your family about the State of Ohio's employee health care and supplemental life insurance benefits available this coming benefit year, which begins July 1, 2018. Eligible employees can elect to enroll or disenroll themselves and/or their dependents in medical, dental, vision and supplemental life insurance coverage during the Open Enrollment period, which will be held **Monday, May 21 through Friday, June 1**.

If you already are enrolled in benefits:

1. Review your Benefits Summary by logging into myohio.gov and clicking the myBenefits button to access benefit information for you as well as your dependents, if applicable.
2. Ensure your dependents still meet the eligibility requirements by visiting das.ohio.gov/eligibilityrequirements.

If you do not have any changes to your coverage, no additional action is required.

If you wish to waive your current health care coverage, you will need to do so during Open Enrollment.

Any dependent who is pending documentation approval during Open Enrollment will not be enrolled until required documentation is received by your agency or the Ohio Department of Administrative Services. **Documentation must be submitted by July 31, 2018, for these dependents to be enrolled in coverage.** It is recommended that you submit all required documentation as soon as possible.

Changes for the Upcoming Benefit Year for Exempt Employees

- Vision Plan – Beginning July 1, 2018, the vision plan administrator for exempt employees will change from VSP to EyeMed Vision Care. Exempt employees enrolled in vision coverage will receive a welcome packet from EyeMed in June with two identification cards.

EyeMed ID cards also can be obtained from the EyeMed website, eyemed.com, or the EyeMed mobile app. The EyeMed ID cards are not required when using the benefit.

- Employees enrolled in medical coverage will receive an ID card from Optum Behavioral Solutions in June for use with their behavioral health coverage.
- The third-party administrator for the wellness program (known as *Take Charge! Live Well!*) is now Sharecare, which acquired Healthways in 2016. The program remains the same and is being administered by the same staff and health coaches.



FLEXIBLE SPENDING ACCOUNTS OPEN ENROLLMENT IN THE FALL

The Open Enrollment period in the fall allows employees the opportunity to enroll in the Flexible Spending Accounts, which include:

- Health Care Spending Accounts; and
- Dependent Care Spending Accounts.

The Flexible Spending Accounts Open Enrollment is administered by WageWorks and is being held in the fall.

See Pages 37 and 38 for more information about these programs.



Benefits Enrollment Instructions

MEDICAL, DENTAL AND VISION ENROLLMENT

You can enroll in coverage for medical, dental and/or vision, if eligible, online at myohio.gov or via paper enrollment.

If you are a new employee who has not already received your State of Ohio User ID in a letter or email, contact your agency human resources representative. If you have not obtained your password for myohio.gov, contact the OAKS Help Desk by calling toll-free, 800-409-1205 (in Columbus, 614-466-8857), option 1, or email oaks.helpdesk@das.ohio.gov.

A. ONLINE ENROLLMENT

Login instructions for the original myOhio.gov:

- Go to myohio.gov.
- Enter your State of Ohio User ID and password.
- Click on **myBenefits** under Self Service Quick Access on the left side of the page.
- Click on the **Benefits Summary** link.
- Click on **Enroll in Benefits** and make the necessary changes or updates.



Login instructions for the new myOhio.gov:

- Go to myohio.gov.
- Enter your State of Ohio User ID and password.
- Click on quick links (four square icon) in the upper right corner of the page.
- Click on **myBenefits** under Self Service Quick Access on the left side of the page.
- Click on the **Benefits Summary** link.
- Click on **Enroll in Benefits** and make the necessary changes or updates.

Benefits System Availability via myohio.gov

Non-Payday Week

Monday – Thursday..... Available 24 hours/day

Friday..... All day until 7 p.m.

(*myPay unavailable all day*)

Saturday and Sunday..... Unavailable

Payday Week

Monday – Friday Available 24 hours/day

Saturday All day except 4 to 6 p.m.

Sunday..... Unavailable

Deadline – Make and submit your selections through myohio.gov by the end of the Open Enrollment period, within 31 days of your hire date or a change in status/qualifying event. Make sure your online elections are correctly submitted. At the end of the process you will receive a confirmation message.

B. PAPER ENROLLMENT

Obtain a paper Benefit Enrollment/Change Form (Form ADM 4717) on the Benefits Administration website at das.ohio.gov/forms or from your agency human resources representative.

Deadline – Give your completed and signed Benefit Enrollment/Change Form (Form ADM 4717) to your agency human resources representative within 31 days of your hire date or a change in status/qualifying event.

Bargaining unit employees must complete separate vision and dental forms.

CHANGE IN STATUS/QUALIFYING EVENT DEADLINE

To ensure timely processing of your enrollment, you must complete your enrollment and provide all necessary dependent documentation within 31 days of the change in status/qualifying event. A listing of the required documentation is available at das.ohio.gov/eligibilityrequirements. Coverage elections will not be submitted for dependents until all eligibility documents are received and approved by your agency human resources representative.

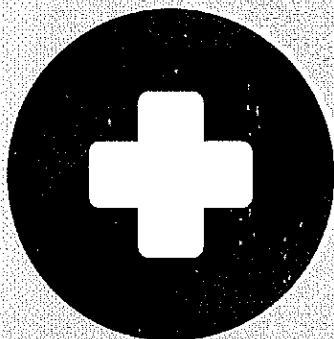
It can take between two to three weeks from the completion of your enrollment process to receive your medical and prescription drug identification cards.

SUPPLEMENTAL LIFE ENROLLMENT FOR EXEMPT EMPLOYEES

How to Enroll in Supplemental Life

To enroll in supplemental life insurance for exempt employees, visit the Minnesota Life website at lifebenefits.com. For login instructions, the initial user ID is "OH" plus your State of Ohio User ID. The initial password is your date of birth (MMDDYYYY) plus the last four digits of your Social Security number. You also may obtain a supplemental life enrollment form on the Forms section of the Benefits Administration website at das.ohio.gov/forms.





HEALTH CARE BENEFITS

Benefits Provided by the State of Ohio

Your health benefits include medical, prescription drug, behavioral health, dental, vision and the *Take Charge! Live Well!* program. The benefit year is the 12-month period from July 1 through June 30 during which services are rendered and your deductible and coinsurance are accumulated.

All of the State of Ohio health plans are self-funded programs. This means that the cost of benefits is funded by contributions from you and the State of Ohio. All claims for services and procedures are paid directly from these contributions. When the amount of claim payments is greater than the amount of contributions from employees and the state, medical costs increase.

Employee Contributions + State Contributions = TOTAL CONTRIBUTIONS

Being smart consumers and making informed choices is one way to keep the cost of medical claims down. State employees can help by choosing a primary care physician and visiting him or her regularly. Developing a relationship with a primary care physician can reduce trips to the emergency room and other urgent care facilities.

Also, the State of Ohio's third-party administrators offer helpful tools on their websites to assist you in making smart decisions. These tools can help you identify an in-network primary care physician that best fits your needs. Because the costs for the same services can vary widely (e.g., X-ray, colonoscopy, MRI, etc.), using these tools can result in savings for you and the state. For more information, see the third-party administrator contact information on this page.

Another way to keep claim costs low is by taking care of yourself and your family's health. The State of Ohio offers many preventive care benefits, often at no cost to you or your dependents. See the chart of available services on Page 16. The state also offers its employees and spouses a wellness program, known as *Take Charge! Live Well!*, to aid you in your quest to be mentally, physically and fiscally healthy.

Medical Coverage	9
Preventive Care	16
Prescription Drug	18
Behavioral Health	20
Ohio Employee Assistance	22
Program	22
Wellness	23
Dental	24
Vision	26

Medical:

Aetna
800-949-3104
aetnastateohioemployee.com

Anthem
844-891-8359
enrollment.anthem.com/stateofohio

Medical Mutual of Ohio
800-822-1152
stateofohio.medmutual.com

Prescription Drug
OptumRx
866-854-8860 / optumrx.com

Behavioral Health
and Substance Use
Optum Behavioral Solutions
800-862-1091 / liveandworkwell.com

Ohio Employee Assistance Program
800-221-6327 / ohio.gov/eap

Take Charge! Live Well!
Sharecare
866-566-2288 / ohio.gov/tclw

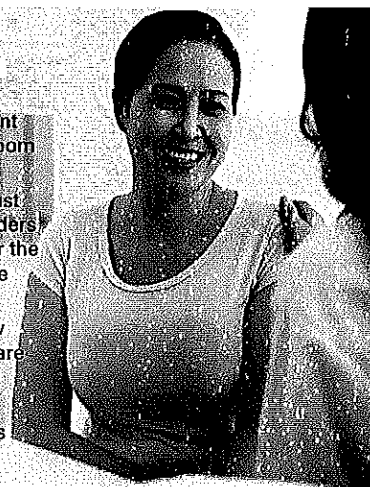
Delta Dental of Ohio (exempt employees)
800-524-0149
deltadentaloh.com

EyeMed Vision Care (exempt employees)
888-838-4033 / eyemed.com

Union Benefits Trust
614-508-2255 / 800-228-5088
benefitstrust.org

Take advantage of your benefits with the following information:

- Walk-in Clinic vs. Urgent Care vs. Emergency Room (Page 13);
- Compare providers. Just like retail stores, providers have different costs for the same procedures (Page 13);
- What you should know before you go to get care (Page 17); and
- Mobile apps for your benefits administrators (Page 17).



Medical Coverage

As an eligible employee enrolling in medical coverage, you automatically gain prescription drug, behavioral health and *Take Charge! Live Well!* benefits.

COST

Each employee who is enrolled in the Ohio Med Preferred Provider Organization (PPO) Plan, the State of Ohio's medical plan, pays a portion of the total contribution through pre-tax biweekly or monthly payroll contributions for their coverage. The remaining portion of the total contribution is paid for by the State of Ohio. See the chart on Page 14. Your out-of-pocket costs will be assessed as outlined on Page 15.

ELIGIBILITY

Most state employees are eligible for medical coverage effective the first day of the month following their date of hire or if they experience a change in status/qualifying event. Dependents are eligible for medical coverage up to the age of 26. See Pages 10 and 11 for more details. Coverage may be continued after age 26 if the dependent qualifies as disabled or elects coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Full-time and Part-time Permanent Employees Only

You are eligible for the state's medical benefits if you are a full-time or part-time permanent employee.

Part-time Permanent Employees Only

- The contribution tier for part-time permanent employees is determined annually.
- The percentage that part-time permanent employees pay toward their contributions is based on their average number of service hours. Average service hours are calculated over a 12-month period (called the Standard Measurement Period), which begins the first pay period in May and goes through the last pay period in April. Any change in your contribution becomes effective July 1, the beginning of the new plan year.

Average service hours per week	Percent of Contribution you pay
0-19.99 hours	100%
20-29.99 hours	50%
30+ hours	15%



Part-time Temporary Employees Only

The Affordable Care Act requires the State of Ohio to offer only medical coverage to all part-time temporary employees who average at least 30 service hours per week over a 12-month measurement period (called the Initial Measurement Period).

- Part-time temporary employees are those typically hired as interns, intermittents or external interim employees. This does not include AmeriCorps volunteers or contingent workers.
- Part-time temporary employees who are hired with a reasonable expectation of averaging 30 or more service hours per week in their first 12 months of employment will be eligible to enroll in medical coverage at the date of hire. Coverage is effective the first day of the month following the date of hire. The State of Ohio cannot terminate the coverage until 12 months has expired, you terminate service with the State of Ohio for more than 31 days or you experience a change in status/qualifying event.
- Part-time temporary employees who are hired with a reasonable expectation of averaging 29.99 service hours or less per week will not be eligible to enroll in medical coverage at the time of hire. Instead, you will be measured over the 12-month Initial Measurement Period.
- The Initial Measurement Period begins the first full pay period after the first pay period with one or more service hours credited.
- Upon completion of the Initial Measurement Period, if you average 30 or more service hours, you will be offered the opportunity to enroll in medical coverage the first of the month following the end of the Initial Measurement Period.

Dependent Eligibility for Benefits

Dependent Category	Medical	Dental	Vision	Supplemental Life
Children younger than age 23	Coverage available for eligible dependents ¹	Coverage available for eligible dependents ²	Coverage available for eligible dependents ²	Coverage available for eligible dependents
Children ages 23 - 25	Coverage available for eligible dependents ¹	No coverage available	No coverage available	Coverage available for eligible dependents

¹View detailed eligibility and documentation requirements at: das.ohio.gov/eligibilityrequirements.

²Student verification is needed for dependents age 19 to age 23. View detailed eligibility and documentation requirements at: das.ohio.gov/eligibilityrequirements.

Note: When one of your enrolled dependents is or becomes ineligible for benefits coverage based on the state's definition of eligibility (e.g., divorce, change in student status), it is your responsibility to contact your agency human resources representative immediately to remove him or her from your coverage. If removed, your dependent may be eligible to continue his or her medical, dental and/or vision benefits through COBRA if you notify your agency human resources representative within 60 days after the change in status/qualifying event.

Enrollment or continuation of enrollment of an ineligible dependent may result in loss of benefits, disciplinary action and/or repayment of claims. If you fail to remove a dependent from coverage within 31 days of a change in status/qualifying event, you may be responsible for health care expenses incurred by the ineligible dependent.

DEPENDENT ELIGIBILITY

Family members described below may be eligible for coverage under your health benefits package.

Note: Dependent children are only eligible for dental and vision benefits if unmarried and younger than age 23; however, dependent children ages 19 through 22 must be students.

Documentation will be required at the time of dependent enrollment to verify eligibility.

To view the detailed eligibility and documentation requirements for all dependents, please go to das.ohio.gov/eligibilityrequirements.

1. Spouse

- Your current legal spouse as recognized by Ohio law.

2. Children younger than age 26 including:

- Your biological children (married or unmarried);
- Your legally adopted children: adopted children have the same coverage as children born to you or your spouse, whether or not the adoption has been finalized. Coverage begins upon placement/custody for adoption;
- Your stepchildren;
- Non-emancipated foster children. Emancipation is defined as the age of 18 unless specifically stated in the court order;
- Non-emancipated children for whom either you or your spouse has been appointed legal guardian; and

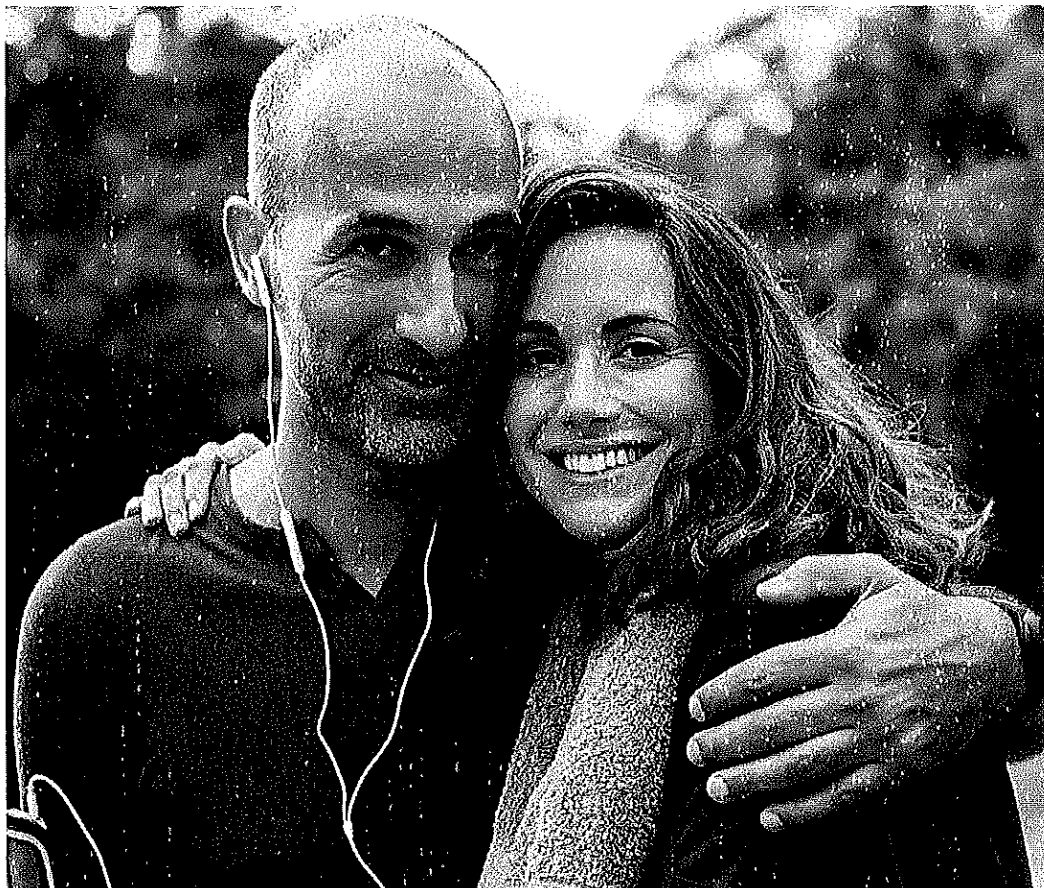
- Children for whom the plan has received a Qualified Medical Child Support order: the child must be named as your alternate recipient in the order.

3. Unmarried children incapable of self-care

Unmarried children who are incapable of self-support due to a qualifying developmental disability, severe mental illness or physical handicap, whose disability began before age 23 and who are primarily dependent upon you are eligible for medical coverage. When there is an unsuccessful attempt at independent living, a child covered pursuant to this provision may be re-enrolled for coverage, provided that the application is submitted within five years following loss of coverage.

This coverage is not automatic. You must complete the applicable form for your third-party administrator of the Ohio Med PPO. A form for each third-party administrator can be obtained from your agency's human resources representative.

Periodically, but not more than once a year, proof of continued incapacity and dependence must be provided upon request.



Examples of persons not eligible for coverage as a dependent include, but are not limited to:

- A spouse from whom the employee is legally divorced or legally separated;
- Live-in boyfriend or girlfriend;
- Parents or parents-in-law;
- Grandchildren (unless the employee is the court-appointed legal guardian);
- Adults who are not the employee's or spouse's children under guardianship of employee (brother, sister, aunt, uncle, etc.);
- A spouse from a common-law marriage established after Oct. 10, 1991;
- Any other members of your household who do not meet the definition of an eligible dependent;
- A child who is eligible as an employee of the State of Ohio is not eligible as the dependent of a parent who also is a State of Ohio employee,

except as required by the Patient Protection and Affordable Care Act; and

- A child of a state employee cannot also be covered as the spouse of another state employee.

Employees are required to disenroll a dependent who becomes ineligible.

Providing false or misleading dependent eligibility information may result in any or all of the following actions by the State of Ohio:

- Loss of coverage;
- Disciplinary action, up to and including dismissal;
- Collection action to recoup payments of benefits and claims paid for individuals determined to be ineligible; and/or
- Civil and/or criminal prosecution.

Visit the Definitions and Required Documents Checklist at das.ohio.gov/eligibilityrequirements to learn what is needed to disenroll an ineligible dependent.

3-DIGIT ZIP CODE BREAKDOWN

The state contracts with Aetna, Anthem and Medical Mutual of Ohio to serve as the third-party administrators for the Ohio Med PPO Plan. This plan allows employees and eligible dependents to have access to both network and non-network providers.

Aetna, Anthem and Medical Mutual of Ohio each serve State of Ohio employees based on the first three digits of their home ZIP code. Please review the ZIP code chart below to find your plan administrator. Employees with home ZIP codes outside Ohio will be enrolled in Anthem.

Aetna Plan/Network: Aetna Choice POS II (Open Access)	3-Digit ZIP Code			
	Columbus, Toledo			
	430	431	432	433
	434	435	436	448
	449			

Anthem Plan/Network: Blue Access (PPO)	3-Digit ZIP Code			
	Cincinnati, Dayton Southern Ohio, Springfield Youngstown, Out of State			
	437	438	439	444
	445	450	451	452
	453	454	455	456

Medical Mutual of Ohio Plan/Network: OhioMed	3-Digit ZIP Code			
	Akron, Cleveland			
	440	441	442	443
	446	447		

SPECIFIC BENEFIT INFORMATION

The Ohio Med PPO plan does not contain pre-existing condition exclusions; therefore, coverage is available to you and your eligible dependents regardless of current health or health history.

Your out-of-pocket costs, such as copayments, deductibles and co-insurance, are shared and combined with your behavioral health plan. If you receive services prior to meeting your deductible, you may need to pay for these services up to the deductible amount before your plan starts paying. This does not apply to routine office visits for which you only pay an office visit copayment.

For specific plan information, see Pages 14 and 15.

ENROLLMENT

You can enroll online using myohio.gov. See the Benefits Enrollment Instructions on Page 7.

If you do not enroll within 31 days of your date of hire or after you experience a change in status/qualifying event, you must wait until the next annual Open Enrollment period (typically held in the spring).

If you do experience a future change in status/qualifying event, you will have 31 days to add or remove yourself or your dependent(s) to or from coverage.

Visit the Definitions and Required Documents Checklist at das.ohio.gov/eligibilityrequirements to learn what is needed to enroll an eligible dependent.

Summary of Benefits and Coverage

A requirement of the Affordable Care Act, the Summary of Benefits and Coverage (SBC), is a comprehensive document that details simple and consistent information about medical plan benefits and coverage. It will help you to understand the basics of your coverage and allow you to compare any different coverage options you may have. It summarizes the key features of the plan, such as covered benefits, out-of-pocket provisions and limitations and exceptions.

All insurance companies and group health plans must use the same standard SBC form. The SBC also contains a link to the required Uniform Glossary, which provides definitions of many commonly used health coverage and medical terms. To learn more, visit das.ohio.gov/benefits. The SBC is listed along the right navigation pane under the Publications and Notices section.

Finding the Right Care

Find the Right Care for You

Options	What it is	Best for
Walk-in Clinic \$	Clinic in retail store or pharmacy staffed by nurse practitioners	Basics: Ear/sinus infections, sore throat/strep, minor sprains, bronchitis, coughs, cold/flu, vaccines
Urgent Care Center \$\$	Self-standing center or located in health facility; staffed by physicians and nurses	Serious, not life-threatening: Fractures or sprains needing X-rays, deep cuts needing stitches, severe rash
Emergency Room \$\$\$	Hospital department open 24/7; staffed and equipped for life-threatening care	Threat to life or limb: Chest pain, difficulty breathing, seizures, major break, head trauma, bleeding, allergic reaction, loss of consciousness

Where to Get Care

RIGHT CARE. RIGHT PLACE. RIGHT TIME.

Non-Emergency

- 24-hour Nurse Advice Line 866-556-2288, option 1
- Home/local
 - Call your primary doctor.
 - He/she knows you and your health best.
- After-hours or traveling
 - Call your doctor for advice, if possible.
 - Ask questions and understand your options if he/she isn't able to see you.

Need Surgery? Choose Wisely.

COMPARE HOSPITALS

- Leapfrog Group Hospital Safety Score
 - Gold standard: Measures quality, safety, performance and transparency
 - Review results online at no cost.
 - hospitalsafetygrade.org
- Hospital Compare
 - Summarizes up to 64 quality measures.
 - medicare.gov/hospitalcompare

Source: Health Action Council

Save Money: Use Benefits Wisely

All of the State of Ohio's health plans are self-funded. This means that the cost of your benefits is funded by contributions from you and the State of Ohio. All claims are paid from these contributions. Your third-party administrator does not pay for them. Rather, Aetna, Anthem and Medical Mutual of Ohio are paid an administrative fee to review claims and process payments. When the amount of claim payments is greater than the amount of contributions from you and the State of Ohio, medical costs increase.

It is up to each of us to use our benefits wisely. We can all do our part by making wellness a priority in our lives, evaluating our options when we need care and avoiding unnecessary visits.

Take advantage of consumer tools provided by our medical third-party administrators that enable you to shop and find lower costs for the services provided (MRIs, labs, surgeries, etc.) by visiting your third-party administrator's website listed on Page 8.



© 2019 MyBenefits Guide v. 1.0



Full-Time Employee Medical Contributions

	Full-Time Permanent Part-Time Permanent (30 or more hours a week) Part-Time Temporary (30 or more hours a week) Biweekly Paid Employee Contributions ¹ 15% tier			Full-Time employees Monthly Paid Employee Contributions ¹ 15% tier		
	Employee Share	State Share	Total	Employee Share	State Share	Total
Single	\$49.40	\$278.88	\$328.28	\$107.04	\$604.25	\$711.29
Family Minus Spouse	\$135.27	\$765.47	\$900.74	\$293.09	\$1,658.48	\$1,951.57
Family Plus Spouse ²	\$141.04	\$765.47	\$906.51	\$305.59	\$1,658.48	\$1,964.07

¹ These rates represent the total amount that will be contributed from your paycheck.

² Family Plus Spouse rates above include a charge of \$12.50 per month to cover a spouse.

Part-Time Employee Medical Contributions

	Part-Time Permanent (20.00 - 29.99 hours a week) Biweekly Paid Employee Contributions ¹ 50% Tier			Part-Time Permanent Employees (up to 19.99 hours a week) Biweekly Paid Employee Contributions ¹ 100% Tier		
	Employee Share	State Share	Total	Employee Share	State Share	Total
Single	\$164.14	\$164.14	\$328.28	\$328.28	\$0.00	\$328.28
Family Minus Spouse	\$450.37	\$450.37	\$900.74	\$900.74	\$0.00	\$900.74
Family Plus Spouse ²	\$456.14	\$450.37	\$906.51	\$906.51	\$0.00	\$906.51

¹ These rates represent the total amount that will be contributed from your paycheck.

² Family Plus Spouse rates above include a charge of \$12.50 per month to cover a spouse.

Ohio Med PPO

Out-of-Pocket Costs

Annual Deductible	\$250 single, \$500 family in-network; \$500 single, \$1,000 family out-of-network. This deductible is combined with behavioral health
Your Copayments (Office Visits)	Primary care physician: \$20 in-network, \$30 out-of-network; Specialist: \$25 in-network; \$30 out-of-network
Coinsurance	You pay 20%, plan pays 80% in-network; you pay 40%, plan pays 60% ¹ out-of-network
Your Out-of-Pocket Maximum ²	\$1,500 single, \$3,000 family in-network; \$3,000 single, \$6,000 family ³ out-of-network. This deductible is combined with behavioral health.

Benefit/Service Coverage Levels

Chiropractic Care	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network Unlimited visits (review required after 25 visits)
Diagnostic, X-Ray and Lab Services	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network
Durable Medical Equipment	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network
Emergency Room	<ul style="list-style-type: none"> Covered at 80%; \$100 copay, which is waived if patient is admitted as inpatient; 60% out-of-network for non-emergency
Hearing Loss⁴ (Accidental, Injury or Illness)	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network Hearing aids, exams and follow-ups are included in coverage
Home Health Care	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network; limit of 180 days
Hospice Services	<ul style="list-style-type: none"> Covered at 100% with no copay, time or dollar limitations for both in- and out-of-network
Immunizations	<ul style="list-style-type: none"> Most are covered at 100% in-network; 60% out-of-network⁵
Infertility Testing	<ul style="list-style-type: none"> Covered at 80% after applicable copay, for in-network; 60% after \$30 copay out-of-network Coverage includes testing only
Inpatient and Outpatient Services	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network
Maternity - Delivery	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network
Maternity- Prenatal/ Postpartum Care	<ul style="list-style-type: none"> Prenatal Care: Office visits covered at 100% when billed separately from delivery; tests/procedures covered at 80% in-network; 60% out-of-network. Postpartum Care: breast-feeding support and counseling (including lactation classes), and supplies (including breast pump rental) covered at 100%
Physical, Occupational and Speech Therapy	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network Unlimited visits (review required after 25 visits) Includes coverage for Autism Spectrum Disorder
Preventive Exams and Screenings⁶	<ul style="list-style-type: none"> Most preventive care covered at 100% in-network; 60% out-of-network Age restrictions may apply
Skilled Nursing Facility	<ul style="list-style-type: none"> Covered at 80%; 180-day limit, additional days covered at 60% for both in- and out-of-network
Urgent Care	<ul style="list-style-type: none"> \$30 copay in-network; \$35 copay out-of-network Covered at 80% in-network; 60% out-of-network

¹ Plan pays 60% of Ohio Med PPO Plan's contracted allowable amount and you pay any remaining balance, known as balance billing.

² For prescription drug out-of-pocket cost information, see chart on Page 19.

³ If your out-of-network charge is greater than the Ohio Med PPO Plan contracted allowable amount, your out-of-pocket costs will be more.

⁴ Hearing aids for natural hearing loss are covered at 60%, up to \$1,000 per lifetime.

⁵ For a list of Immunizations paid at 100%, see Page 16.

⁶ See Preventive Care chart on Page 16.

Preventive Care

STAY HEALTHY, SAVE MONEY

Preventing and detecting disease early is important to living a healthy life. The better your health, the lower your health care costs are likely to be. One of the most important healthy actions you can take is to schedule regular check-ups and screenings with your primary care physician.

Your State of Ohio PPO Plan offers the following services with no deductible, no copayment and no coinsurance for network providers. Other services are available for the normal copayment, coinsurance and deductible amounts.

Free Exams and Screenings	
Clinical breast exam	1/plan year
Colonoscopy	Every 10 years starting at age 50
Flexible sigmoidoscopy	Every 10 years starting at age 50
Glucose	1/plan year
Gynecological Exam	1/plan year
Hemoglobin, hematocrit or CBC	1/plan year
Lipid profile or total and HDL cholesterol	1/plan year
Mammogram	1 routine and 1 medically necessary/plan year
Pre-natal office visits	As needed; based on physician's ability to code claims separately from other maternity-related services
Stool for occult blood	1/plan year
Urinalysis	1/plan year
Well-baby, well-child exam	Various for birth to 2 years; then annual to age 21
Well-person exam (annual physical)	1/plan year

Free Immunizations	
Diphtheria, tetanus, pertussis (DTap)	2/4/6/15-18 months, 4-6 years
Haemophilus influenza b (Hib)	2/4/6/12-15 months
Hepatitis A (HepA)	2 doses between 1-2 years
Hepatitis B (HepB)	Birth, 1-2 months, 6-18 months
Human Papillomavirus (HPV)	3 doses for 9-26 years
Influenza	1/plan year
Measles, mumps, rubella (MMR)	12-15 months, then at 4-6 years; adults who lack immunity
Meningococcal (MCV4)	1 dose between 11-12 years or start of high school or college
Pneumococcal	2/4/6 months; 12-15 months; annually at age 65 and older; high risk groups
Poliovirus (IPEV)	2 and 4 months; 6-18 months; 4-6 years
Rotavirus (Rota)	2/4/6 months
Tetanus, diphtheria, pertussis (Td/Tdap)	11-12 years; Td booster every 10 years, 18 and older
Varicella (Chickenpox)	12-15 months; 4-6 years; 2 doses for susceptible adults
Zoster (shingles)	1 dose for age 19 and older

The best care starts with you: Things to know before you go

BE A BETTER PATIENT

Before you go:

- Grab a notepad and pen.
- List and describe symptoms:
 - What? I get a sharp/dull/throbbing pain...
 - Where? In my stomach/knee/neck...
 - When? When I cough/walk...
 - How often? Once in a while/constant...
- List any prescription or over-the-counter drugs, vitamins and supplements you take.
- Ask a friend or family member to go with you.

GET ALL THE FACTS

Know what to ask

1. How will this treatment help me?
2. Are there simpler alternatives?
3. What is this test for?
4. When will I get the results?
5. How many times have you done this procedure?
6. What are the possible complications?
7. What does this drug do? Any side effects?
8. Is this drug offered as a generic or over-the-counter?
9. Will this interact with other medications/supplements I take?

WORK WITH YOUR DOCTOR

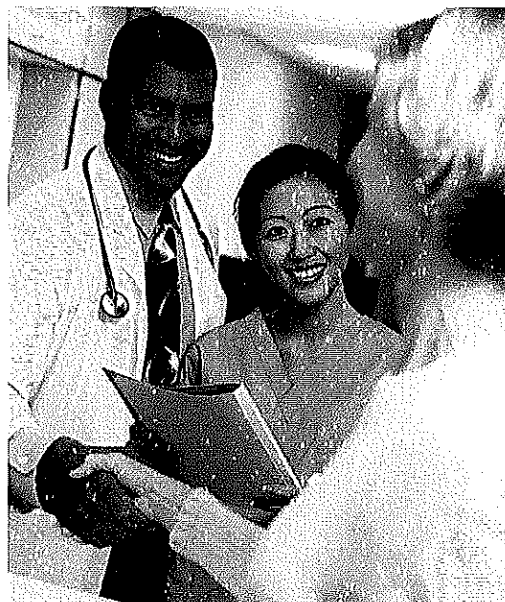
Ask • Listen • Learn

- Ask your doctor:
 - "What's causing this?"
 - "What's next?"
 - Medication?
 - Referrals/tests?
 - Cost?
 - Self-care at home/rehab?
 - "What will this do for me?"
- Listen and take notes.
- Learn by following up.

HELP IS AT YOUR FINGERTIPS

Remember to check your insurance carrier's website for no-cost tools available to help you in your decision-making process.

Source: Health Action Council



Stay connected 24/7 with these apps

Download the following apps from the Apple Store or Google Play:



Aetna



Anthem



Medical Mutual of Ohio



OptumRx (Prescription Drug)



Optum: myLiveandworkwell
(Behavioral Health)



Delta Dental



EyeMed Vision Care



WageWorks

Prescription Drug

OptumRx provides prescription drug benefits for State of Ohio employees and their dependents who are enrolled in the Ohio Med PPO Plan.

COST

Access to the prescription drug benefits are included in the total contributions of your medical coverage. Your copayments will be assessed as outlined on Page 19.

ELIGIBILITY

Employees and dependents enrolled in the Ohio Med PPO Plan automatically receive prescription drug benefits.

SPECIFIC BENEFIT INFORMATION

Diabetes Management Program

Members are eligible for free diabetic supplies and medication if they have had a hemoglobin A1C test within the past 12 months of being a member of the Ohio Med PPO Plan.

Specialty Drug Management Program

Some specialized medications for serious medical conditions such as cancer, cystic fibrosis and rheumatoid arthritis must be obtained from Briova, the specialty pharmacy, and can only be filled for 30 days or less. Your order may be shipped to your home or workplace, if permitted. A description of the program and a list of specialty medications are available on the Benefits Administration website at das.ohio.gov/prescriptiondrug under the Specialty Drug List.

Not All Drugs are Covered

Some drugs require the use of alternative medications before being approved.

This is known as "step therapy." Examples include medications used for heartburn, glaucoma, multiple sclerosis, diabetes, asthma, elevated triglycerides, migraines, osteoporosis, nasal allergies, sleep disturbances and high blood pressure. Additional medications requiring step therapy may be added at any time. If this occurs, members currently using the affected drugs will be notified in advance by mail.

A program description and a list of medications are located on the Benefits Administration website, das.ohio.gov/prescriptiondrug, under "Prescription Drug Updates."

Prescription Drug Website Offers Online Tracking, Tools

The website for OptumRx, optumrx.com, is a private, secure website. All of your pharmacy plan information is available at your fingertips 24/7.

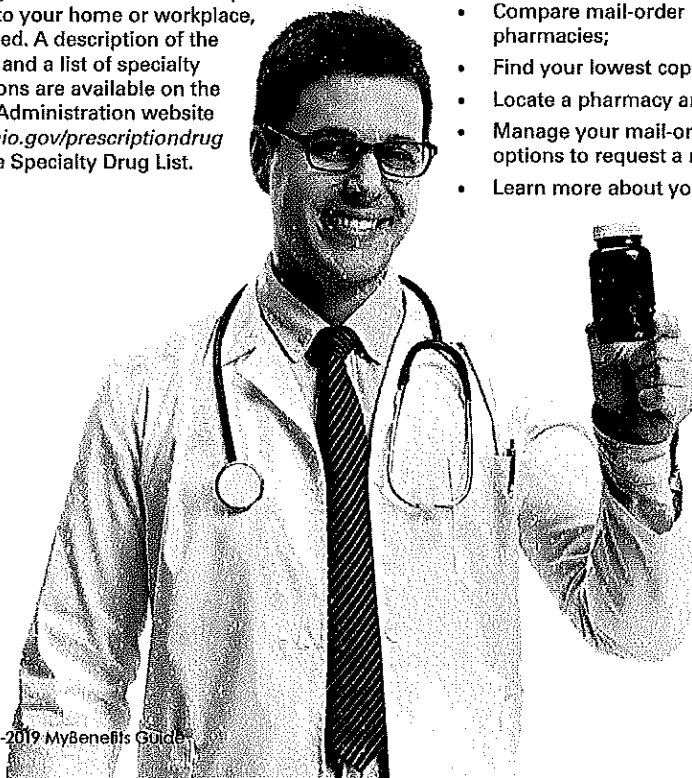
You will need your pharmacy member ID number located on your OptumRx card to log in. The number begins with the letter "A." For questions, contact OptumRx at 866-854-8850.

Easy access to the OptumRx website allows you to:

- Compare mail-order prices and prices at local pharmacies;
- Find your lowest copay;
- Locate a pharmacy and get driving directions;
- Manage your mail-order prescriptions, including options to request a refill or track an order; and
- Learn more about your prescription drugs.

ENROLLMENT

You automatically gain coverage in prescription drug benefits when you are enrolled in medical coverage.



Prescription Copayment Costs				
TYPE OF MEDICATION	30-Day Supply at Retail Copayment.	30-Day Supply Specialty Copayment.	90-Day Supply at Retail Copayment	90-Day Supply at Mail-Order Copayment
Generic	\$10	\$10	\$30	\$25
Preferred Brand-Name	\$30	\$30	\$90	\$75
Non-Preferred Brand-Name, Generic Unavailable	\$55	\$55	\$165	\$137.50
Non-Preferred Brand-Name, Generic Available	\$55 plus the difference between the cost of the brand-name and generic drug	\$55 plus the difference between the cost of the brand-name and generic drug	\$165 plus the difference between the cost of the brand-name and generic drug	\$137.50 plus the difference between the cost of the brand-name and generic drug
Out-of-Pocket Maximum*	\$2,500 single/\$5,000 family These amounts are for copays only and do not include cost differential amounts.			
The amount charged to the individual for generic, preferred brand and non-preferred brand medications will not be greater than the actual cost of the medication. Therefore, the amount charged may be less than the flat-dollar copay. The maximum copay for oral oncology medications will be \$100 for a 30-day supply. For more details, visit das.ohio.gov/prescriptiondrug .				
* Pharmacy copays do not apply toward medical/behavioral health plan deductibles and the annual out-of-pocket maximum.				



Behavioral Health

Specialized behavioral health and substance use services are provided under a single program available to all employees and dependents enrolled in the Ohio Med PPO Plan.

COST

Access to the behavioral health benefits are included in the total contributions of your medical coverage. Your out-of-pocket costs will be assessed as outlined in the chart below.

ELIGIBILITY

Employees and dependents enrolled in the Ohio Med PPO Plan automatically receive Behavioral Health benefits.

SPECIFIC BENEFIT INFORMATION

This program, administered by Optum Behavioral Solutions, provides 24-hours-a-day, seven-days-a-week, confidential phone assessment and referral services for a variety of behavioral and mental health issues, such as:

- Substance use disorders;
- Depression;
- Autism Spectrum Disorder;
- Marital, family and relational issues;
- Grief and loss;
- Stress;
- Serious mental illness;
- Anger management;
- Mental disorders; and
- Physical abuse.

The following Autism Spectrum Disorder services are available to members with a related medical diagnosis:

1. Behavioral and mental health outpatient services performed by a psychologist, psychiatrist, physician or board-certified behavior analyst who is a licensed, qualified and approved provider for consultation/assessment, development or oversight of treatment plans.
 - A. Applied behavioral analysis (ABA) services are limited to 20 hours per week, including services provided for a consultation or assessment, or development or oversight of ABA treatment plans.
 - B. Applied behavioral analysis services must be pre-certified. Treatment that is not pre-certified may result in no coverage.
 - C. An hour is defined as each hour billed by the provider. For example, if two specialists are providing service for one hour, it would be calculated as two hours.
2. Clinical Therapeutic Intervention administered by or under the supervision of a qualified/approved provider, in accordance with an approved applied behavioral analysis treatment plan, limited to 20 hours per week.

Your out-of-pocket costs, such as copayments, deductibles and co-insurance, are shared and combined with your medical plan. If you receive services prior to meeting your deductible, you may

Ohio Med PPO	
Out-of-Pocket Costs	
Annual Deductible	\$250 single, \$500 family in-network; \$500 single, \$1,000 family out-of-network. This deductible is combined with medical.
Your Copayments	\$20 outpatient office visit in-network, \$30 outpatient office visit out-of-network (balance billing applies); \$20 intensive outpatient care in-network, \$30 intensive outpatient care out-of-network (balance billing applies).
Coinsurance	<ul style="list-style-type: none"> • Outpatient in-network: 100% after office visit copay, 80% of other services; • Outpatient out-of-network: 60% of fee schedule after copayment (balance billing applies); • Inpatient in-network: 80% after deductible; • Inpatient out-of-network: 60% after deductible, \$350 penalty if not preauthorized.
Your Out-of-Pocket Maximum	\$1,500 single in-network, \$3,000 family in-network; \$3,000 single out-of-network, \$6,000 family out-of-network. This deductible is combined with medical.
Other	No day, annual or lifetime limits. Some benefit limits may apply. For details, visit das.ohio.gov/behavioralhealth , click the Summary Plan Descriptions tab and select the current summary plan.

need to pay for these services up to the deductible amount before your plan starts paying. This does not apply to routine office visits for which you only pay an office visit copayment.

All enrolled employees and their dependents have access to both in-network and out-of-network behavioral health benefits. However, you will pay more if you do not use the network of participating providers and facilities. See the Ohio Med PPO chart on Page 20 for coverage information.

Support for dependents battling substance use

The state's health plan offers Optum's Family Support Program to help care for a dependent up to age 26 who has a substance use problem. The Family Support Program gives you confidential phone access to licensed mental health clinicians with in-depth knowledge of alcohol or drug addictions and treatment. The program is available at no additional cost.

When you call the program, a family support specialist will do a thorough assessment of your situation. The support specialist will:

- **Educate** you about addiction and community resources for you and your loved one;
- **Guide** you through treatment options and refer you to the appropriate treatment centers or clinicians; and
- **Support** you in communicating with your child and taking care of yourself and other family members by providing connections to support services.

For details about Optum's Family Support Program, call either the Ohio Employee Assistance Program, 800-221-6327, or the Family Support Program's toll-free phone number, 877-229-3440 (TDD/TTY: Dial 711 and the phone number), or log onto Optum's Live and Work Well website, liveandworkwell.com, and enter the access code: 00832.

ENROLLMENT

You automatically gain coverage in behavioral health benefits when you are enrolled in medical coverage.



Ohio Employee Assistance Program

COST

As a State of Ohio employee, there is no cost to you for the Ohio Employee Assistance Program (OEAP). Each state agency pays a percentage of its payroll into this benefit.

ELIGIBILITY

All State of Ohio employees and their dependents are eligible to utilize OEAP services. You do not need to be enrolled in the Ohio Med PPO for these services.

SPECIFIC BENEFIT INFORMATION

The State of Ohio offers confidential support services through the OEAP for various behavioral health issues, which include mental health and substance use referrals for employees and their dependents. Other OEAP services include training and education, critical incident stress management, employee mediation, organizational transition intervention and the OEAP participation agreement for those experiencing workplace discipline due to work rule violations.

Visit ohio.gov/eap for more information about OEAP services.

ENROLLMENT

Employees and their dependents may use the OEAP's services at any time during their employment with the State of Ohio. There is no need to enroll.



Caregiver Resources

Are you a caregiver for an adult loved one?

To learn about the resources available to you, visit: das.ohio.gov/caregiver.

Get information about:

- Care for:
 - An aging adult;
 - An adult in need of assisted living or a nursing home;
 - A low income adult who needs health care coverage;
 - An adult with a disability;
 - An adult with a developmental disability;
 - A veteran; and
- Legal resources.

For support contact the Ohio Employee Assistance Program by email, oeap@das.ohio.gov, or by phone, 1-800-221-6327.

Take Charge! Live Well!



As we grow increasingly busy, leading a healthy lifestyle can be more challenging. We have to work harder to manage what we eat, how often we exercise and how we manage stress.

In your effort to become a healthier you, *Take Charge! Live Well!* – the health and wellness program for state employees and spouses enrolled in the Ohio Med PPO Plan – is there for you with programs and other resources such as financial well-being, monthly well-being challenges and articles about health and wellness topics as well as rewards offered to encourage you in your efforts.

COST

Access to the wellness benefits are included in the cost of your medical coverage.

ELIGIBILITY

Employees and spouses enrolled in the Ohio Med PPO Plan automatically receive *Take Charge! Live Well!* benefits.

SPECIFIC BENEFIT INFORMATION

A healthier you starts with completing the following:

- Your **Gallup-Sharecare Well-Being 5™ survey and Well-Being Plan**, via Well-Being Connect, the website of Sharecare, the State of Ohio's wellness administrator; and
- A **biometric screening**, either at your workplace or through your physician.

How to obtain your rewards:

1. Assess your well-being and earn up to \$150.
 - Earn \$100 for completing a biometric screening; and
 - Earn \$50 for completing the Gallup-Sharecare Well-Being 5 survey.
2. Participate in well-being improvement activities and earn up to \$200 more. Mix and match the programs as you choose to get the rewards the way you prefer, up to four activities.
 - Earn \$50 for each coaching call;
 - Earn \$50 for each well-being challenge when you meet the active participation requirement; or
 - Earn \$50 for each online lesson you complete for the Sharecare Financial Well-Being™ program, powered by Dave Ramsey.

Choose Your Own Reward

After completing an activity that merits a reward, you may choose a PNC VISA reward card or a reward card from other national brands.

You can request to receive your reward card after completing a single activity, like your biometric screening or Well-Being 5 survey, or you can allow your rewards to accumulate for a larger payout after completing multiple activities. This puts you in control of when you receive your reward card.

ENROLLMENT

You automatically gain access to the health and wellness program when you are enrolled in medical coverage.

Wellness Rewards

Enrolled employees and spouses may earn up to \$350 each by taking steps to improve their health

Level 1: Assess Your Health	Point Value
Earn up to \$150 per person in Level 1	
Complete your Well-Being 5 survey.	50 Points
Biometric screening: • Complete an on-site screening; or • Submit the Physician Form, which is to be completed by your physician.	100 Points
Level 2: Take Action	Point Value
Earn up to \$200 in Level 2 Points can be earned by completing up to four total actions within the same activity or by combining actions with multiple activities.	
Coaching Calls	Earn 50 points for each completed coaching call, up to four calls
Well-Being Challenges	Earn 50 points for each completed challenge, up to four challenges
Financial Well-Being	Earn 50 points for each completed Financial Well-Being lesson, up to four lessons

Reward cards are taxable compensation. Taxes are based on the amount of your reward and will be deducted from your paycheck.

For details about rewards and the *Take Charge! Live Well!* program, go to the *Take Charge! Live Well!* program website, ohio.gov/tclw, and click on the Program Guide button.

Dental

(FOR EXEMPT EMPLOYEES)

Dental coverage is offered to exempt employees through Delta Dental of Ohio.

COST

The state pays the total contributions for exempt full-time and part-time permanent employees and their eligible dependents. See the chart below.

Monthly Contributions for Dental Coverage			
	Employee Share	State Share	Total
Single	\$0	\$34.23	\$34.23
Family	\$0	\$99.19	\$99.19

ELIGIBILITY

Employee Eligibility

Exempt full-time and part-time permanent employees are eligible to enroll in dental coverage effective the first day of the month following the completion of one year of continuous state service or thereafter during Open Enrollment.

Dependent Eligibility

1. Spouse

Your current legal spouse as recognized by Ohio law.

2. Children younger than age 19 including:

- Your unmarried biological children;
- Your legally adopted children. Adopted children have the same coverage as children born to you or your spouse, whether or not the adoption has been finalized. Coverage begins upon placement/custody for adoption;
- Your stepchildren;
- Non-emancipated foster children. Emancipation is defined as the age of 18 unless specifically stated in the court order;
- Non-emancipated children for whom either you or your spouse has been appointed legal guardian; and
- Children for whom the plan has received a Qualified Medical Child Support order. The child must be named as your alternate recipient in the order.

3. Children between the ages of 19 and 23 with approved student status

Dependents between the ages of 19 and 23 are eligible for continued coverage as long as they maintain their student status. Student coverage is not automatic. To initiate or continue coverage for your dependent, you are required to submit proof of eligibility within 31 days of the change in status/qualifying event.

Student status required documents:

- An "Affidavit of Student Status" form, accessed at das.ohio.gov/forms in the "Eligibility" section; and
- A "Current Enrollment Verification Certificate" from the National Student Clearinghouse, studentclearinghouse.org, or a letter or official transcript from the school registrar must be submitted with the Affidavit of Student Status.

If the proof of eligibility is provided timely, the dependent will remain on your dental coverage until he or she turns 23 or experiences a change in status/qualifying event, such as graduating from college or getting married.

4. Unmarried children incapable of self-care

Unmarried children who are incapable of self-support due to a qualifying developmental disability, severe mental illness or physical handicap, whose disability began before age 23 and who are primarily dependent upon you are eligible for medical coverage. When there is an unsuccessful attempt at independent living, a child covered pursuant to this provision may be re-enrolled for coverage, provided that the application is submitted within five years following loss of coverage.

This coverage is not automatic. You must complete the applicable form for your third-party administrator of the Ohio Med PPO. A form for each third-party administrator can be obtained from your agency's human resources representative.

Periodically, but not more than once a year, proof of continued incapacity and dependence must be provided upon request.

View detailed eligibility and documentation requirements at: das.ohio.gov/eligibilityrequirements.

SPECIFIC BENEFIT INFORMATION

For plan specifics and deductible information, see the Delta Dental Plan for Exempt Employees chart below.

You can receive services from any licensed dentist, but typically will pay less when you go to an in-network dentist.

Out-of-pocket costs are likely to be lower if you go to a dentist who participates in one of the Delta Dental networks. For most covered services, Delta Dental will pay a higher percentage if you go to a dentist in its preferred provider organization (PPO) network over its Premier network. Delta pays the least for out-of-network dentists.

To find a participating Delta Dental dentist near you, visit or call:

deltadentaloh.com
800-524-0149
Group Number: 9273-0001

If you would like a Delta Dental ID card to present to your dentist, you may print a card from the Delta Dental website, *deltadentaloh.com*. ID cards are not required when using the dental benefit.

ENROLLMENT

An enrollment packet will be mailed to you prior to your one-year anniversary. Coverage will be effective the first day of the month following the completion of one year of continuous state service, as long as you have submitted your enrollment within 31 days of your anniversary date. See the Benefits Enrollment Instructions on Page 7.



Delta Dental Plan for Exempt Employees			
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist**
Benefit Year* Maximum	\$1,500	\$1,500	\$1,500
Diagnostic and Preventive Services	100%	100%	100%
Basic Restorative Services (e.g., fillings)	100%	65%	65%
Major Restorative Services (e.g., crowns, bridges)	60%	60%	50%
Orthodontia	50% up to \$1,500 lifetime maximum	50% up to \$1,500 lifetime maximum	50% up to \$1,500 lifetime maximum
Prophylaxes (cleanings) are payable twice per benefit year. Two additional periodontal maintenance procedures are payable per benefit year for individuals with a documented history of periodontal disease.			
Deductible – \$25 deductible per person total per benefit year. The deductible does not apply to diagnostic and preventive services, emergency palliative treatment, X-rays, periodontal maintenance (cleaning) and orthodontic services.			
There is a separate \$1,000 per person total per lifetime maximum on implants and surgical stents.			
* The benefit year is from July 1 through June 30 of each year.			
** Delta Dental will pay up to the allowed amount or the maximum allowable charge for providers in your area. You can be balance billed by nonparticipating providers for any amount that exceeds the allowable amount. Network providers cannot balance bill you for the difference between their charge and Delta Dental's allowed amount.			

Vision (FOR EXEMPT EMPLOYEES)

Vision coverage is offered to exempt employees through EyeMed Vision Care.

COST

The state pays the total contributions for exempt full-time and part-time permanent employees and their eligible dependents. See the chart below.

Monthly Contributions for Vision Coverage			
	Employee Share	State Share	Total
Single	\$0	\$10.04	\$10.04
Family	\$0	\$27.61	\$27.61

ELIGIBILITY

Employee Eligibility

Exempt full-time and part-time permanent employees are eligible to enroll in vision coverage effective the first day of the month following the completion of one year of continuous state service or thereafter during Open Enrollment.

Dependent Eligibility

- Spouse**
 - Your current legal spouse as recognized by Ohio law.
- Children younger than age 19 including:**
 - Your unmarried biological children;
 - Your legally adopted children. Adopted children have the same coverage as children born to you or your spouse, whether or not the adoption has been finalized. Coverage begins upon placement/custody for adoption;
 - Your stepchildren;
 - Non-emancipated foster children. Emancipation is defined as the age of 18 unless specifically stated in the court order;
 - Non-emancipated children for whom either you or your spouse has been appointed legal guardian; and
 - Children for whom the plan has received a Qualified Medical Child Support order. The child must be named as your alternate recipient in the order.
- Children between the ages of 19 and 23 with approved student status**

Dependents between the ages of 19 and 23 are eligible for continued coverage as long as they maintain their student status. Student coverage is not automatic. To initiate or continue coverage for

EyeMed Vision Care is your new vision third-party administrator

your dependent, you are required to submit proof of eligibility within 31 days of the change in status/qualifying event.

Student status required documents:

- An "Affidavit of Student Status" form, accessed at das.ohio.gov/forms in the "Eligibility" section; and
- A "Current Enrollment Verification Certificate" from the National Student Clearinghouse, studentclearinghouse.org, or a letter or official transcript from the school registrar must be submitted with the Affidavit of Student Status.

If the proof of eligibility is provided timely, the dependent will remain on your vision coverage until he or she turns 23 or experiences a change in status/qualifying event, such as graduating from college or getting married.

- Unmarried children incapable of self-care**

Unmarried children who are incapable of self-support due to a qualifying developmental disability, severe mental illness or physical handicap, whose disability began before age 23 and who are primarily dependent upon you are eligible for medical coverage. When there is an unsuccessful attempt at independent living, a child covered pursuant to this provision may be re-enrolled for coverage, provided that the application is submitted within five years following loss of coverage.

This coverage is not automatic. You must complete the applicable form for your third-party administrator of the Ohio Med PPO. A form for each third-party administrator can be obtained from your agency's human resources representative.

Periodically, but not more than once a year, proof of continued incapacity and dependence must be provided upon request.

View detailed eligibility and documentation requirements at: das.ohio.gov/eligibilityrequirements.

SPECIFIC BENEFIT INFORMATION

For plan specifics, see the EyeMed Vision Care Plan for Exempt Employees chart above.

EyeMed Vision Care Plan for Exempt Employees		
Benefit Frequency (Based on last date of service)	In-Network	Out-of-Network
Routine Exam/Frame/Lens	Once every 12 months	Once every 12 months
Service	Your In-Network Cost	Your Out-of-Network Reimbursement*
Exam	\$10 co-pay	Up to \$25
Dilation as necessary	\$0	
Refraction	\$0	
Retinal Imaging	Up to \$39	N/A
Exam Options -- Contact Lenses		
Standard Fit and Follow-Up	Up to \$40	N/A
Premium Fit and Follow-Up	90% of retail price	
Frames	\$0 copay, plus 80% of balance over \$120	Up to \$18
Standard Plastic Lenses		
Single Vision	\$15 copay	Up to \$25
Bifocal	\$15 copay	Up to \$35
Trifocal	\$15 copay	Up to \$52
Lenticular	\$15 copay	Up to \$62
Standard Progressive	\$15 copay	Up to \$52
Premium Progressives (Tier 1-4)	\$15 copay	Up to \$52
Standard Lens Options		
UV coating	\$15	N/A
Tint (solid and gradient)	\$15	N/A
Standard scratch resistance	\$15	N/A
Standard polycarbonate	\$0	Up to \$0
Standard anti-reflective coating	\$45	N/A
Premium anti-reflective coating (Tier 1/2)	\$57/\$68	N/A
Premium anti-reflective coating (Tier 3)	80% of retail price	N/A
Polarized	80% of retail price	N/A
Photocromatic/Transitions Plastic	\$75	N/A
Other add-ons and services	80% of retail price	N/A
Contact Lenses**		
Conventional (Instead of lenses and frames)	\$0 copay, plus 85% of balance over \$125	Up to \$125
Disposable (Instead of lenses and frames)	\$0 copay, plus 100% of balance over \$125	Up to \$125
Medically necessary	\$0	Up to \$210
LASIK or PRK from US Laser Network	85% of retail price, or 95% of promotional price, whichever is less	N/A
Low Vision		
Supplemental Testing	Covered in full	Up to \$125 allowance
Low Vision Aids	25% copay up to \$1,000	25% copay up to \$1,000 allowance
* You are responsible to pay the out-of-network provider in full at the time of service and then submit an out-of-network claim for reimbursement. You will be reimbursed up to the amount shown on the chart. ** For prescription contact lenses for only one eye, the benefit will pay one-half of the amount payable for contact lenses for both eyes. Benefit allowances provide no remaining balance for future use within the same benefit frequency.		

The EyeMed Insight network encompasses many providers. However, if you choose a non-network provider, out-of-network charges will apply.

To find the names of participating EyeMed vision providers near you, visit or call:

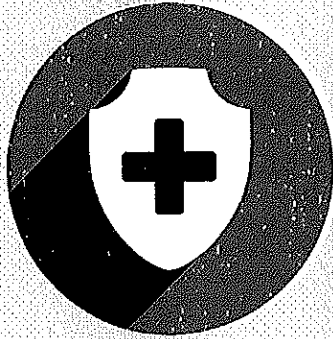
eyemed.com
888-838-4033 / Group Number: 1016475

Exempt employees newly enrolled in the EyeMed vision plan will receive a welcome packet with two EyeMed ID cards. The EyeMed ID cards also can be obtained from

the EyeMed website, eyemed.com, or mobile app. The ID cards are not required when using vision benefits.

ENROLLMENT

An enrollment packet will be mailed to you prior to your one-year anniversary. Coverage will be effective the first day of the month following the completion of one year of continuous state service, as long as you have submitted your enrollment within 31 days of your anniversary date. See the Benefits Enrollment Instructions on Page 7.



ADDITIONAL BENEFITS

Forecasting future financial needs can be challenging. Whether you are attempting to assess retirement goals or to ensure that your family is provided for if the unexpected happens, we understand your financial security is an especially important consideration. The benefit programs available through the State of Ohio offer a variety of financial assistance and can be tailored to your specific needs.

All benefits are subject to limitations and restrictions. Visit das.ohio.gov/benefits for more information about:

- Basic life insurance (exempt employees);
- Supplemental life insurance (exempt employees);
- Disability benefits;
- Workers' Compensation benefits;
- Flexible Spending Accounts (health care spending account and dependent care spending account); and
- Commuter Choice.

Life Insurance	29
Basic (exempt employees).....	29
Supplemental (exempt employees).....	30
Union Benefits Trust Open Enrollment (union-represented employees)	32
Disability	33
Workers' Compensation	34
Salary Continuation	35
Occupational Injury Leave.....	35
Flexible Spending Accounts	37
Health Care	37
Dependent Care.....	38
Commuter Choice	38



**Basic and Supplemental
Life Insurance (exempt employees)**
Minnesota Life
866-293-6047
lifebenefits.com

**Flexible Spending Accounts
and Commuter Choice**
WageWorks
855-428-0446
wageworks.com

Union Benefits Trust
614-508-2255 / 800-228-5088
benefittrust.org



Life Insurance (FOR EXEMPT EMPLOYEES)

Basic Life Insurance

The State of Ohio provides basic life insurance coverage through Minnesota Life, including an occupational accidental death and dismemberment (OAD&D) benefit for work-related injuries.

COST

The state pays the total contributions for this benefit that is equal to your annualized rate of pay rounded up to the next highest \$1,000. See the chart below.

Monthly Contributions per \$1,000 of Basic Life Insurance Coverage			
	Employee Share	State Share	Total
Basic Life	\$0	\$0.105	\$0.105
OAD&D	\$0	\$0.012	\$0.012

ELIGIBILITY

Employees

Exempt full-time and part-time permanent employees, firefighters, judges and other elected officials serving fixed terms of office are offered basic life insurance following the completion of one year of continuous state service.

Dependents

Dependents are not eligible for exempt basic life insurance coverage.

SPECIFIC BENEFIT INFORMATION

The IRS requires you to be taxed on the value of employer-paid group basic life insurance coverage exceeding \$50,000, known as "imputed income." This amount is based on the chart below and is reported to the IRS in Box 12 of your W-2 form. The imputed income bracket is based upon your age on the last day of your tax year and increases in five-year increments as you grow older. See the chart to the right.

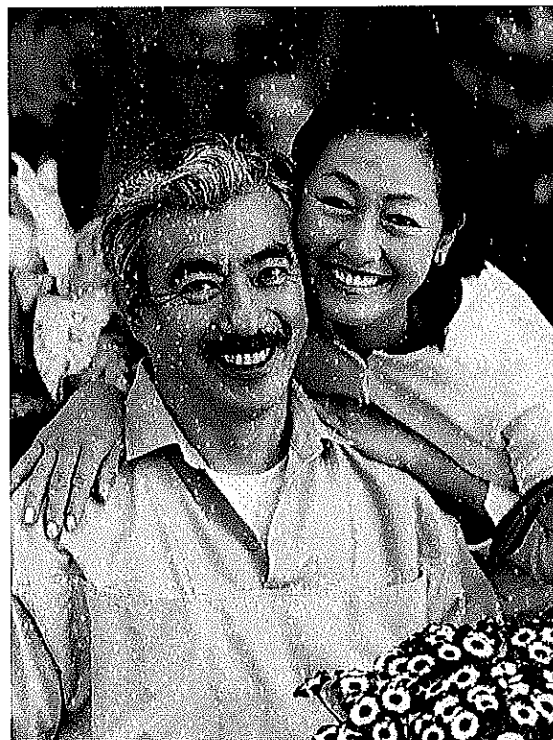
Beneficiary Elections

Your beneficiary elections will apply to both your basic and supplemental life insurance benefits.

You may designate one or more beneficiaries for your basic and supplemental life benefits by visiting the Minnesota Life website at lifebenefits.com. Alternatively, you may submit a beneficiary form by mail to Minnesota Life. This form is available in the Forms section of the Benefits Administration website available at das.ohio.gov/forms.

ENROLLMENT

Enrollment in basic life insurance is automatic.



IRS Basic Life Imputed Income Chart Monthly Cost per \$1,000 of Coverage in Excess of \$50,000	
Age	Cost
Younger than 25	\$0.05
25 through 29	\$0.06
30 through 34	\$0.08
35 through 39	\$0.09
40 through 44	\$0.10
45 through 49	\$0.15
50 through 54	\$0.23
55 through 59	\$0.43
60 through 64	\$0.66
65 through 69	\$1.27
70 and older	\$2.06

Supplemental Life Insurance

(FOR EXEMPT EMPLOYEES)

Exempt full-time and part-time permanent employees, firefighters, judges and other elected officials serving fixed terms of office are eligible to purchase supplemental life insurance coverage provided by Minnesota Life.

COST

The coverage is entirely employee-paid; the state does not pay any contributions. Premiums depend on age and the amount of coverage purchased. If an employee or covered spouse experiences a change in an age bracket, the premium increase will be effective the following year (Jan. 1), regardless of the month or day of their birthday. See the chart on Page 31.

For 82 cents per month, you may purchase \$7,000 worth of supplemental life insurance coverage for your dependent children, regardless of how many children you cover.

ELIGIBILITY

Employees

Exempt full-time and part-time permanent employees, firefighters, judges and other elected officials serving fixed terms of office are eligible for supplemental life insurance on their date of hire or promotion or thereafter during Open Enrollment.

Dependents

Spouses and eligible dependent children of exempt employees are eligible for exempt supplemental life insurance.

SPECIFIC BENEFIT INFORMATION COVERAGE LEVELS

Employees

During Open Enrollment

- You may purchase up to eight times your annualized earnings, rounded to the next higher \$10,000, not to exceed \$600,000.
- You must provide evidence of insurability if you request an amount of insurance over the nonmedical limit – the lesser of two times your annualized earnings or \$150,000.
- Coverage below the non-medical limit amount will be effective July 1, 2018.
- Coverage above the non-medical amount, which is subject to evidence of insurability (EOI), will be effective July 1, 2018 or the date EOI is approved by Minnesota Life (whichever is later). See Page 50 for plan contact information.

When initially eligible

- You may purchase up to eight times your annualized earnings, rounded to the next higher \$10,000, not to exceed \$600,000.

- You must provide evidence of insurability if you request an amount of insurance over the non-medical limit for new hires – the lesser of three times your annualized earnings or \$500,000.
- Coverage below the non-medical limit amount will be effective once it is processed by Minnesota Life.
- Coverage above the non-medical amount, which is subject to evidence of insurability, will be effective the first of the month after your evidence of insurability has been approved. See Page 50 for plan contact information.

Dependents

During Open Enrollment and initial eligibility

To elect supplemental life insurance for your eligible dependents, you must be enrolled.

1. Spouse

- You may purchase coverage for your spouse in \$10,000 increments up to \$40,000. Spousal coverage in excess of \$10,000 requires your spouse to provide evidence of insurability.

2. Children

- You may purchase coverage for your eligible dependant children younger than age 26 up to \$7,000 for 82 cents per month, regardless of how many children you cover.

ENROLLMENT

Employees

- Enroll within 90 days of being hired or promoted;
- Enroll during the annual Open Enrollment period; or
- Enroll within 31 days of a change in status/qualifying event.

Dependents

- Enroll your eligible dependents within 90 days of being hired or promoted;
- Enroll during the annual Open Enrollment period; or
- Enroll within 31 days of a change in status/qualifying event.

How to Enroll in Supplemental Life

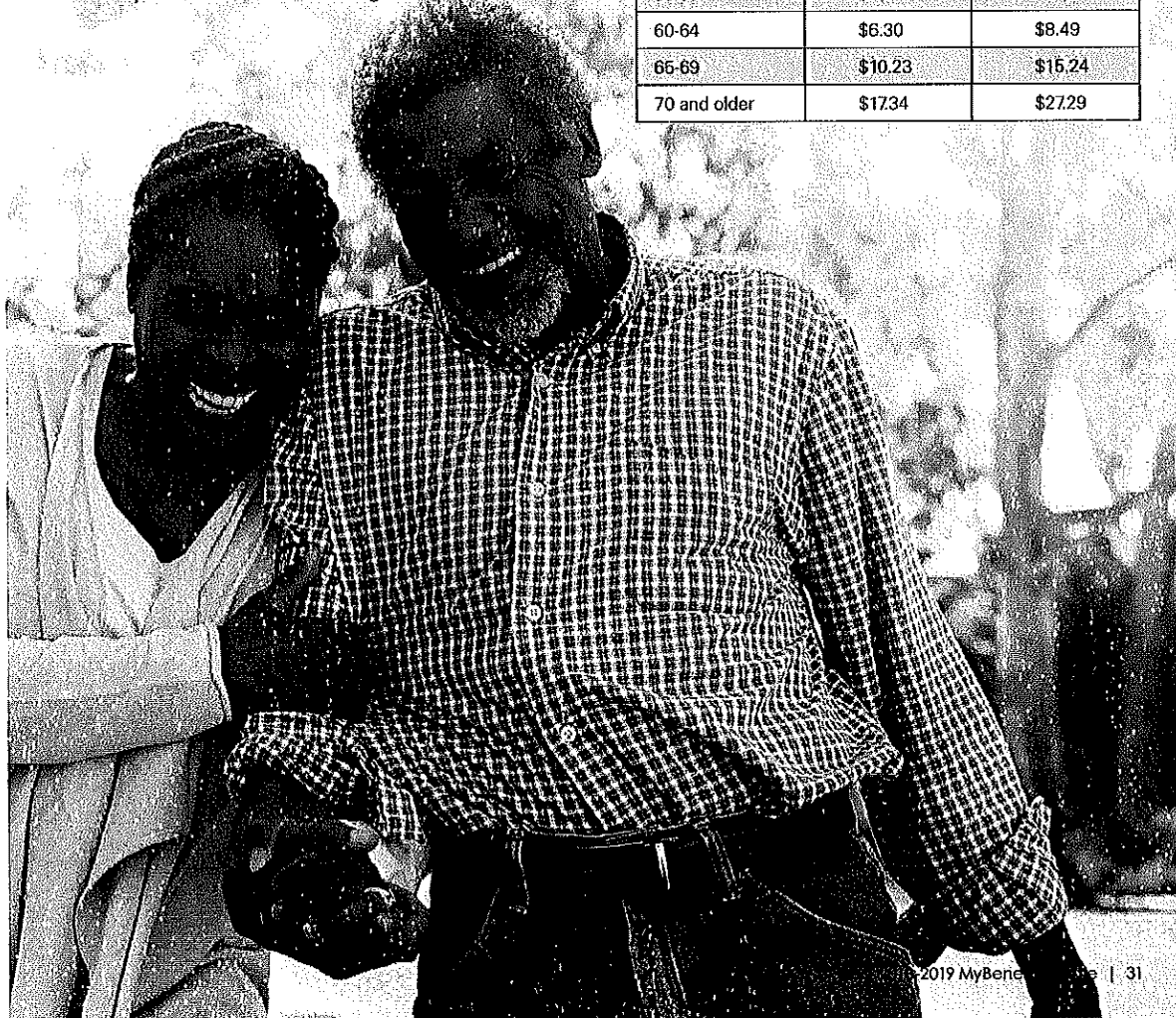
To enroll in supplemental life insurance, visit the Minnesota Life website at lifebenefits.com. For login instructions, see Page 50 under the Life Insurance section for exempt employees only. You also may obtain a supplemental life enrollment form on the Forms section of the Benefits Administration website at das.ohio.gov/forms.

Cancelling or Reducing Coverage

- You may cancel or reduce your employee or eligible dependent supplemental life insurance coverage at any time by submitting a written request to Minnesota Life.
- You are responsible for dropping your dependent's coverage when your child reaches age 26.
- Coverage will be cancelled or reduced effective the first day of the month after your request is received and processed by Minnesota Life. Once coverage is cancelled or reduced for either yourself and/or your dependents, evidence of insurability will be required for any future enrollment for supplemental life insurance, including during Open Enrollment and qualifying events. You may be required to submit medical documentation and your coverage election may be approved or rejected by Minnesota Life based upon medical underwriting results.

For questions regarding supplemental life insurance, contact Minnesota Life and provide group number 34301. See the Contacts section on Page 50 for more information.

Supplemental Life (Exempt Employee and Spouse) Monthly per \$10,000 of coverage		
Age	Non-Smoker	Smoker
Younger than 25	\$0.49	\$0.64
25-29	\$0.49	\$0.64
30-34	\$0.60	\$0.64
35-39	\$0.68	\$0.95
40-44	\$1.08	\$1.45
45-49	\$1.67	\$2.42
50-54	\$2.59	\$3.73
55-59	\$4.16	\$5.54
60-64	\$6.30	\$8.49
65-69	\$10.23	\$15.24
70 and older	\$17.34	\$27.29



Union Benefits Trust Open Enrollment

(FOR UNION-REPRESENTED EMPLOYEES)

MAY 21 THROUGH JUNE 1, 2018

For the benefit year from July 1, 2018 through June 30, 2019

The Union Benefits Trust (UBT) Open Enrollment Guide and forms for union-represented employees are available at benefitstrust.org under **FORMS & INFO**.

As a union-represented State of Ohio employee, your benefits include:

- UBT Dental Plan, administered by Delta Dental of Ohio
- Choose from two vision plans, administered either by Vision Service Plan or EyeMed Vision Care
- Basic Life Insurance Plan, administered by Prudential Life Insurance
- Supplemental Life Plan, administered by Prudential Life Insurance
- Legal Services, administered by Hyatt Legal Services/MetLife
- Working Solutions: available to all, offered at no cost or enrollment required

COVERAGES FOR THE 2018-2019 BENEFIT YEAR:

New Dental Wellness Program, see your guide or the UBT website for details

Basic Life Insurance Plan:

- Look for your Benefits Summary from Prudential in August. It will show you your new Basic life coverage amount after the July 1 bargained wage increases; this also is a good time to review beneficiary information.

Supplemental Life Plan:

- During Open Enrollment, you may purchase or increase your coverage by two times your basic annual earnings or \$150,000, whichever is less, without proof of good health, or up to eight times your basic annual earnings, or \$600,000 whichever is less, with proof of good health.
- Coverage for your legal spouse and eligible children also is available.
- Mail your form to Prudential at the address on the form. Do not submit to your human resources office.

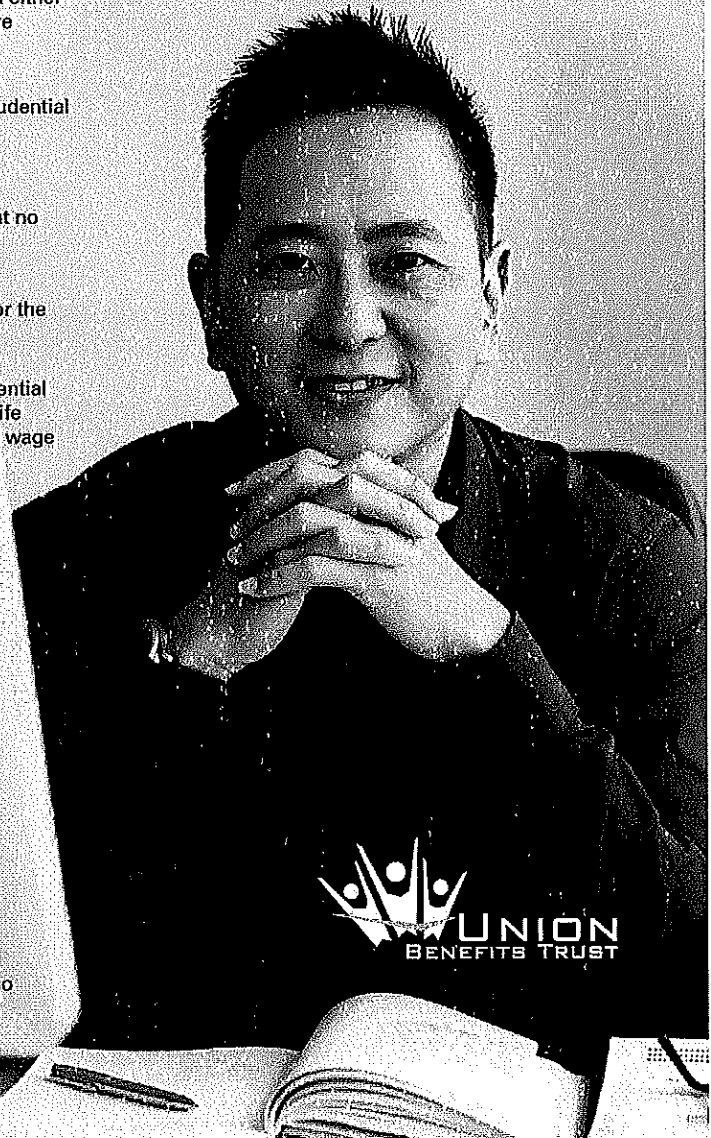
Hyatt Legal Plan:

- Mail your form to Hyatt at the address on the form. Do not submit to your human resources office.
- If you are cancelling the plan, you may do so only during the Open Enrollment period.

In preparation for Open Enrollment, union-represented state employees will receive two mailings in early May:

- UBT Open Enrollment Guide
- Prudential Supplemental Life mailer

For questions, call Customer Service, 1-800-228-5088 or 1-614-508-2255, between 8 a.m. and 5 p.m., or email customerservice@benefitstrust.org.



Disability Benefits

The State of Ohio offers eligible employees disability leave benefits. These benefits provide financial assistance in the event that you are unable to perform the duties of your position due to a non-work-related disabling illness, injury or condition for a period of more than 14* consecutive calendar days.

COST

The state pays the total contribution for the disability leave benefit. This program is offered at no cost to the employee.

ELIGIBILITY

Full-time permanent employees who have completed one year of continuous state service immediately prior to the date of the disabling condition are eligible.

Part-time permanent employees who have completed one year of continuous state service and have worked 1,500 or more hours within the 12 calendar months immediately preceding the date of the disabling condition also are eligible.

SPECIFIC BENEFIT INFORMATION

Covered Conditions

The following disabling illnesses, injuries or conditions may be considered for disability leave benefits:

- Non-work-related injury or illness;
- Mental health conditions treated by a licensed mental health provider; and/or
- Substance use conditions (an employee must be receiving ongoing treatment which prevents the employee from working).

Conditions that may not be Covered

Disability benefits may not be payable for the following:

- Work-related injury;
- Attempted suicide or a self-inflicted injury;
- Any illness or injury resulting from an act of war, declared or undeclared;
- Any illness or injury resulting from participation in a riot or insurrection;
- Untreated drug addiction or alcoholism;
- Any illness or injury incurred during the act of committing a felony;
- An illness occurring during the time an employee is under investigation for possible disciplinary action by their agency; or
- Any illness occurring after separation from state service.



Payment While on Disability Leave

Disability benefits are paid at 67 percent of the employee's base rate of pay, subject to a lifetime maximum of 12 months of eligibility* for the majority of state employees (whether the employee files a new, subsequent-related or subsequent-unrelated claim). The employer's and employee's share of the health, life and other insurance benefits will be paid by the employer during the period the employee is pending or receiving disability leave benefits. However, the employee is responsible for paying his or her portion of retirement contributions.

Disability Benefits may be Denied

- If you engage in any occupation for wage or profit;
- If you engage in an act of fraud or misrepresentation involving your disability claim;
- If you do not consult a licensed practitioner for necessary medical care;
- If you do not follow your prescribed treatment for your disabling condition;
- If you fail to notify the appointing authority of a change of address;
- If you are convicted of a felony; or
- If you have a mental health condition treated by a general practitioner or primary care physician.

For details, go to the Disability Coverage web page at das.ohio.gov/disability.

ENROLLMENT

Enrollment is automatic for eligible employees who have completed one year of continuous state service.

* Employees of the Auditor of State, Ohio Attorney General, Secretary of State and Treasurer of State subject to a collective bargaining agreement should refer to their applicable agreement.

Workers' Compensation

Workers' compensation is a "no-fault" system that compensates employees for work-related injuries or illnesses.

COST

State agency contributions are determined by the Ohio Bureau of Workers' Compensation (BWC) per \$100 of payroll for benefits offered by the BWC.

ELIGIBILITY

All state employees are eligible for benefits offered by the BWC.

SPECIFIC BENEFIT INFORMATION

When an Injury Occurs

Obtain medical care promptly. If emergency treatment is required, go immediately to the nearest emergency facility. Otherwise, the Managed Care Organization* can provide you with names of providers in your area.

Complete an Accident or Illness Report (Form ADM 4303). Your agency will forward the completed Form ADM 4303 to the Managed Care Organization, who will file the initial claim information with the BWC.

Your health care provider will forward all medical information regarding your claim to the Managed Care Organization who will contact you to gather additional information regarding your treatment, recovery and claim.

BWC will send you a letter assigning you a claim number. Retain and reference this number when contacting your agency, BWC, Managed Care Organization and your health care provider regarding your claim.

BWC will make an initial decision to approve or deny your claim and will notify you in writing.

Medical-only Claims

You may be eligible for a medical-only claim if you are unable to work for seven calendar days or less. If approved, the Managed Care Organization will pay authorized treatments directly related to your claim.

Lost Time Claims

If your attending physician determines that your injury or illness will prevent you from working for eight or more calendar days, you may be eligible to receive lost time benefits through the BWC. You and your attending physician will need to file a Request for Temporary Total Compensation (Form C-84). Your

physician also will need to complete the Physicians Report of Work Ability Form (Form MEDCO-14). These forms are available on BWC's website at bwc.ohio.gov.

If approved, BWC will begin paying temporary total benefits accordingly:

- On the eighth day, if you are off work from eight to 14 days; or
- From the first day, if you are off work for 14 or more consecutive days;

BWC will pay you directly by electronic deposit to your bank account.

You cannot receive payment from the BWC for the same period you receive payment from your agency for Sick Leave, Disability, Salary Continuation or Occupational Injury Leave benefits. If this occurs, you will be responsible for reimbursing your agency for the benefits you received.

Temporary Total Compensation

If your claim is approved for lost time, you may receive temporary total compensation at 72 percent of your full weekly wages for up to 12 weeks.

If your injury or illness prevents you from working for more than 12 weeks, your temporary total compensation will be reduced to 66 2/3 percent of your average weekly wage.



* Check with your agency human resources representative to obtain the name and contact number of the Managed Care Organization assigned to your agency.

Employer-Provided Benefits Salary Continuation

This benefit provides the injured employee with 100 percent of his or her regular rate of pay in lieu of BWC temporary total compensation if an approved Workplace Injury Labor Management Approved Provider Committee (WILMAPC) provider is used within seven days of the injury and agency accident reporting guidelines are followed.

Bargaining unit employees should refer to their applicable collective bargaining agreement.

COST

Participating state agencies pay the total contribution of this benefit through their budget process.

ELIGIBILITY

Salary Continuation is available to full-time or part-time permanent employees.

The offices of the Auditor of State, Attorney General and Secretary of State do not participate in Salary Continuation. Also, employees covered by the Ohio State Troopers Association collective bargaining agreement are not eligible for Salary Continuation.

SPECIFIC BENEFIT INFORMATION

- In order to receive Salary Continuation, you must use a provider approved by the WILMAPC within seven days of your injury. To locate an approved WILMAPC provider, go to das.ohio.gov/wilmapc and click on the WILMAPC Approved Provider Panel link to search for a provider, or contact your human resources representative. If emergency treatment is required, go immediately to the nearest emergency facility and follow up with an approved WILMAPC provider within seven days of your injury to obtain benefits.
- Follow your agency's policy on reporting accidents and injuries. Failure to adhere to your agency accident reporting guidelines or policy when applying for Salary Continuation may result in denial of benefits.
- Complete an Accident or Illness Report (ADM 4303), located at das.ohio.gov/forms.
- Benefits are limited to a maximum of 480 hours.
- Once Salary Continuation benefits are exhausted, you may be eligible to receive lost time benefits from BWC. You will need to file a Request for Temporary Total Compensation (Form C-84) and your physician must complete the Physician's Report of Work Ability (Form MEDCO-14).

- Bargaining unit and exempt employees may appeal a denied Salary Continuation decision by completing the Salary Continuation and Occupational Injury Leave Appeal Form located at das.ohio.gov/forms. Instructions are located on the form.
- Appeals should be sent to the Ohio Department of Administrative Services' Office of Collective Bargaining within 20 days of the denial.
- Bargaining unit employees should refer to the appeal procedure in their collective bargaining agreement.
- For exempt employees, the decision by the Ohio Department of Administrative Services is final.
- Payments for Salary Continuation are included in your paycheck in accordance with state payroll processing timelines.

Occupational Injury Leave

This benefit provides the injured employee with 100 percent of his or her regular rate of pay in lieu of workers' compensation temporary total benefits if an approved Workplace Injury Labor Management Approved Provider Committee (WILMAPC) provider is used within seven days of the injury and agency accident reporting guidelines are followed.

Bargaining unit employees should refer to their applicable collective bargaining agreement.

COST

Participating state agencies pay the total contributions of this benefit through their budget process.



ELIGIBILITY

Occupational Injury Leave (OIL) is available to full-time or permanent part-time employees, who suffer a bodily injury in the line of duty inflicted by an inmate, client, patient, resident, youth or student, and is limited to specific agencies. You may contact your human resources representative or refer to your applicable collective bargaining agreement for specific information.

SPECIFIC BENEFIT INFORMATION

- In order to receive Occupational Injury Leave, you must use a provider approved by the WILMAPC within seven days of your injury. To locate an approved WILMAPC provider, go to das.ohio.gov/wilmapc and click on the WILMAPC Approved Provider Panel link to search for a provider or, contact your agency human resources representative. If emergency treatment is required, go immediately to the nearest emergency facility and follow up with an approved WILMAPC provider within seven days of your injury to obtain benefits.
- Follow your agency's policy on reporting accidents and injuries. Failure to adhere to your agency accident reporting guidelines or policy when applying for Occupational Injury Leave may result in denial of benefits.
- Complete an Accident or Illness Report (ADM 4303), located at das.ohio.gov/forms.
- Benefits are limited to a maximum number of hours determined by your bargaining unit. Non-bargaining unit employees have a maximum of 960 hours.
- Once Occupational Injury Leave benefits are exhausted, you may be eligible to receive lost time benefits from BWC. You will need to file a Request for Temporary Total Compensation (Form C-84) and your physician must complete the Physician's Report of Work Ability (Form MEDCO-14).
- Bargaining unit and exempt employees may appeal a denied Occupational Injury Leave decision by completing the Salary Continuation and Occupational Injury Leave Appeal Form located at das.ohio.gov/forms. Instructions are located on the form.
- Appeals should be sent to the Ohio Department of Administrative Services' Office of Collective Bargaining within 20 days of the denial.
- Bargaining unit employees should refer to the appeal procedure in their applicable collective bargaining agreement.
- For exempt employees, the decision by the Ohio Department of Administrative Services is final.
- Payments for Occupational Injury Leave are included in your paycheck in accordance with state payroll processing timelines.

Disability Advancement

Disability advancement is a monetary advancement of disability benefits that an injured worker can receive while awaiting BWC approval of his or her workers' compensation claim.

COST

State agencies pay the total contributions of this benefit through their budget process.

ELIGIBILITY

Disability advancement is only available to full-time and part-time permanent employees whose initial claim is denied by the BWC and are appealing the decision. If you do not intend to appeal, you may file for disability benefits within 20 days of the denial order.

SPECIFIC BENEFIT INFORMATION

- You may receive the disability advancement for a maximum of 12 weeks. If your workers' compensation claim is approved through the appeal process or by a settlement, you will be required to pay back all of the money that has been advanced, regardless of the amount received from BWC or the settlement.
- To file for disability advancement, complete the disability application and disability agreement. Submit the forms with your denial order to your human resources representative within 20 days of the denial notification.

These forms are located at das.ohio.gov/forms.

Leave Buy Back

Some bargaining unit employees have the option of buying back leave time that was used while waiting for a workers' compensation claim to be approved. See your applicable collective bargaining agreement to determine your eligibility.

COST

The state does not pay any contribution. The employee pays the total contribution of this benefit.

ELIGIBILITY

This benefit is only available to certain bargaining unit employees. Refer to your applicable collective bargaining agreement.

SPECIFIC BENEFIT INFORMATION

You may buy back leave time either with or without a BWC wage advancement agreement.

A wage advancement agreement is a contract between you and your employer that states the amount of leave time that you will buy back and is available at BWC's website at bwc.ohio.gov.

Flexible Spending Accounts

Flexible Spending Accounts (FSA) are tax-favored accounts that provide the opportunity for eligible permanent employees to defer funds on a pre-tax basis to pay for eligible expenses throughout the calendar year.

Health Care Spending Account

The health care spending account (HCSA), administered by WageWorks, is a tax-favored account that provides the opportunity to defer on a pre-tax basis a minimum of \$240 and up to a maximum of \$2,500 per calendar year into an account to pay for eligible medical expenses not paid by medical, vision or dental plans.

COST

The State of Ohio pays the \$3.30 monthly administrative fee on behalf of participating employees.

ELIGIBILITY

Permanent full-time or permanent part-time employees who have successfully completed their initial probationary period, if applicable, and have sufficient earnings to cover the election amount are eligible to participate.

SPECIFIC BENEFIT INFORMATION

It is not necessary to be enrolled in the Ohio Med PPO Plan to participate in an HCSA. If your spouse also is a state employee, each of you may participate in an HCSA as separate individuals.

Carry Over

HCSA participants who have more than \$50 and up to \$500 remaining in their account on Dec. 31 may carry over that amount to the next plan year. Any amount less than \$50 or more than \$500 will be subject to the IRS Forfeiture Rule.

IRS Forfeiture Rules

Federal regulations provide certain forfeiture rules. For example, at the end of the month of your employment termination, any unspent HCSA or DCSA balance will be forfeited.

Changes in Coverage

According to IRS regulations, a mid-year change can be made to the HCSA election if the employee experiences a change in status/qualifying event. However, the proposed change must be consistent with the type of change experienced. Contributions and benefit changes must be a result of the change in status/qualifying event. The time frame for notification is within 31 days of the change in status/

qualifying event and will take effect the first of the month following the receipt of the "Flexible Spending Account Change Form" and the supportive documentation. The form is available at das.ohio.gov/forms.

ENROLLMENT

- Enroll within 31 days of the hire date or change in status/qualifying event, if there is no probationary period; or
- Enroll within 31 days of successfully completing probation, if applicable.

Enrollment forms are located at das.ohio.gov/forms.

If an employee does not enroll within the time frames, other opportunities to enroll are:

- During the annual Flexible Spending Accounts Open Enrollment period, held in the fall; or
- Following a change in status/qualifying event.

These benefits require annual enrollment.



Dependent Care Spending Account

The dependent care spending account (DCSA), administered by WageWorks, is a tax-favored account that provides the opportunity to defer on a pre-tax basis a minimum of \$240 and up to a maximum of \$5,000 per calendar year (depending on tax filing status) into an account to pay for eligible child care, dependent care or eldercare expenses.

COST

The State of Ohio pays the \$3.30 monthly administrative fee on behalf of participating employees.

ELIGIBILITY

Permanent full-time or permanent part-time employees who have sufficient earnings to cover the election amount and a qualifying dependent(s). Spouses, regardless whether they are state employees, may participate in a DCSA as separate individuals but cannot exceed the \$5,000 IRS annual maximum per family.

SPECIFIC BENEFIT INFORMATION

Federal regulations provide certain forfeiture rules. For example, at the end of the month of your employment termination, any unspent HCSA or DCSA balance will be forfeited.

Changes in Coverage

According to IRS regulations, a mid-year change can be made to the DCSA election if the employee experiences a change in status/qualifying event. However, the proposed change must be consistent with the type of change experienced. Contributions and benefit changes must be a result of the change in status/qualifying event. The time frame for notification is within 31 days of the change in status/qualifying event and will take effect the first of the month following the receipt of the "Flexible Spending Account Change Form" and the supportive documentation. The form is available at das.ohio.gov/forms.

ENROLLMENT

Enroll within 31 days of the hire date or change in status/qualifying event. Enrollment forms are located at das.ohio.gov/forms.

If an employee does not enroll within the time frames, other opportunities to enroll are:

- During the annual Flexible Spending Accounts Open Enrollment period held in the fall; or
- Following a change in status/qualifying event.

These benefits require annual enrollment.

For more detailed information about Flexible Spending Accounts, visit das.ohio.gov/flexiblespendingaccount.

Commuter Choice Program

The Commuter Choice Program, administered by WageWorks, covers two types of commuting expenses:

- Transportation expenses, which include qualified fares for riding buses, trains, subways, ferries and other types of mass transportation or van pools; and
- Parking expenses which include the cost of parking at or near your place of work or at or near a place from which you commute to work by mass transit, such as a park-and-ride lot.

COST

The employee pays the monthly administrative fee for the Commuter Choice Program which is \$3.95 on an after-tax basis.

ELIGIBILITY

All State of Ohio employees are eligible for participation in the Commuter Choice Program.

SPECIFIC BENEFIT INFORMATION

When you enroll in Commuter Choice for eligible transportation expenses, you are authorizing the third-party administrator to purchase your public transportation fare passes (e.g., bus pass) and van pool passes, directly from your transportation provider. For more information, visit das.ohio.gov/commuterchoiceprogram.

The 2018 IRS monthly allowable dollar limit for transit is \$260. When you enroll for the Commuter Choice transit benefit, the fare pass will be delivered directly to your mailing address.

The 2018 IRS monthly allowable dollar limit for parking is \$260. When you enroll for the Commuter Choice parking benefit, WageWorks will pay your parking service directly.

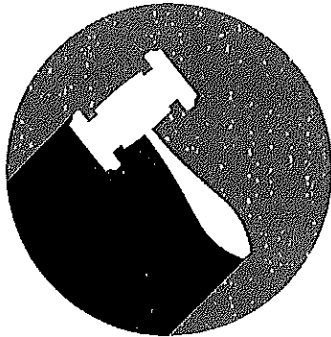
Should your parking and/or transit expenses exceed the IRS monthly allowable dollar limit, you may have additional dollars withheld on an after-tax basis to pay your expenses that exceed the IRS dollar limit.

ENROLLMENT

Employees may enroll in the Commuter Choice Program at any time. There is no need to wait for Open Enrollment.

Enrollment must be made before the fifth of the month prior to the effective month (e.g., March 5 for the effective date of April 1).

Employees who wish to begin participating in the Commuter Choice Program may do so by accessing the WageWorks website at wageworks.com.



Notice of Privacy Practices	39
Notice of Initial COBRA Rights	41
Costs of Continuation Coverage	42
Special Enrollment Rights Pursuant to the Health Insurance Portability and Accountability Act (HIPAA)	43
Women's Health and Cancer Rights Act of 1998	43
Newborns' and Mothers' Health Protection Act	43
Patient Protection Disclosure	44
Creditable Coverage Disclosure	44
Notice Regarding Wellness Program	45
Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)	46

LEGAL NOTICES

State of Ohio Employee Health Plans
30 E. Broad St., 27th Floor, Columbus, Ohio 43215

NOTICE OF PRIVACY PRACTICES

Effective April 1, 2018

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes the privacy practices of the State of Ohio's self-funded medical plans, prescription drug plan, behavioral health plan, population health management plan, dental plans, vision plans, flexible spending account (but not dependent care flexible spending account) which are administered by the State of Ohio, Department of Administrative Services, Office of Benefits Administration Services (collectively "the Plan"). The Plan is required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of Protected Health Information (PHI), and to provide individuals with notice of the legal duties and privacy practices with respect to protected health information and to abide by the terms of the notice currently in effect.

Position on Privacy

The Plan is committed to maintaining the privacy of its enrolled persons. As part of your participation in the health plans, the Plan and its business associates (whom we use to administer and deliver health care services) receive health information through the operation and administration of the plans. PHI refers to any information, transmitted or maintained in any form or medium, which the Plan creates or receives that relates to your physical or mental health, the delivery of health care services to you or payment for health care services that identifies you or could reasonably be used to identify you. PHI and other Plan records are maintained in compliance with applicable state and federal laws.

If you have questions about this notice, please contact the Plan's HIPAA Privacy Contact listed on Page 41.

How the Plan May Use or Disclose Your Protected Health Information

The Plan may only use or disclose your medical information as described in this notice. Not every authorized use or disclosure in each category is listed, however all permitted uses and disclosures fall into one of these general categories.

1. Uses and Disclosures of Your PHI for Treatment, Payment, and Health Care Operations

For Treatment. The Plan may make requests, uses, and disclosures of your PHI as necessary for treatment purposes. For example, the Plan may make disclosures to your health plan regarding eligibility, or make disclosures to health care professionals involved in your care.

For Payment. The Plan may make requests, uses, and disclosures of your PHI as necessary for payment purposes. For example, the Plan may use information regarding your medical procedures and treatment so the third party administrator can process and pay claims. The Plan may also disclose your PHI for the payment purposes of a health care provider or a health plan.

For Health Care Operations Purposes. The Plan may use and disclose your PHI as necessary for health care operations. For example, Health Care Operations include, but are not limited to, use and disclosures: by health plan of PHI to the Plan for administration of the health plans; for quality assessment of the plans through the distribution and analysis of satisfaction surveys; in connection with the performance of disease management functions; and for general administrative activities, including customer service, cost management, data management, communications, claims and operational audits, and legal services. In addition, a health plan may send you information based on your own health information to inform you of possible treatment options or alternatives that may be available to you. The Plan may also combine your health information with that of other enrolled persons to evaluate the coverage provided and the quality of care received.

2. Other Uses and Disclosures of PHI for Which Your Authorization is Not Required

In limited instances, the law allows the Plan to use and disclose your PHI without your authorization in the following situations:

- A. **As Required By Law.** The Plan may disclose your PHI when required by federal, state or local law.
- B. **Family and Individuals Involved in Your Care.** The Plan may disclose medical information about you to a family member or friend who is involved in your medical care. The Plan may request that your family members verify their identity and demonstrate they are acting on your behalf.
- C. **To Avert a Serious Threat to Health or Safety.** The Plan may disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public.
- D. **Public Health Activities.** The Plan may use and disclose medical information about you for public health activities including activities related to preventing and controlling disease or, when required by law, to notify public authorities concerning cases of abuse or neglect.
- E. **Victims of Abuse, Neglect, or Domestic Violence.** The Plan may disclose medical information to a government authority, including a social service or protective agency if the Plan reasonably believes you to be a victim of abuse, neglect, or domestic violence.
- F. **Health Oversight Activities.** The Plan may disclose medical information to a health oversight agency for oversight activities authorized by law, such as: overall health care system monitoring, monitoring the conduct of government programs, and monitoring to ensure compliance with civil rights laws.
- G. **Lawsuits/Legal Disputes.** The Plan may use and disclose medical information about you in the course of an administrative or judicial proceeding, such as in response to a subpoena, discovery request, warrant, or a lawful court order.
- H. **Law Enforcement Purposes.** The Plan may disclose medical information to law enforcement officials for law enforcement purposes including investigation of a crime or to identify or locate a suspect, fugitive, material witness or missing person.
- I. **Specialized Government Functions.** The Plan may disclose medical information to authorized federal officials for the purposes of intelligence, counterintelligence, and other national security activities authorized by law.
- J. **Military.** If you are a member of the armed forces, the Plan may disclose medical information about you as required by military command authorities.
- K. **Organ, Eye and Tissue Donation.** If you are an organ donor, the Plan may disclose information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- L. **Workers' Compensation.** The Plan may disclose medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- M. **Coroners, Medical Examiners, and Funeral Directors.** The Plan may disclose medical information to a coroner or medical examiner to, for example, identify a deceased person

or determine the cause of death. The Plan may also disclose medical information about patients to funeral directors as necessary to carry out their duties.

- N. **Business Associates.** The State contracts with parties who provide necessary services for the operation of its plans. For example, the Plan is assisted in its operations by third party administrators. These persons who assist the Plan are called business associates. At times, the Plan may use and disclose PHI so they can provide services. The Plan will require that any business associates who receive PHI safeguard the privacy of that information.

- O. **Disclosure to You.** The Plan may disclose your medical information to you.

3. Other Uses and Disclosures of PHI Requiring Your Written Authorization

In all situations other than those described previously, the Plan will ask for your written authorization before using or disclosing your PHI. For example, (except as required or permitted by law), the Plan will not use or disclose psychotherapy notes or sell your medical information without obtaining your prior written authorization. If you have provided authorization, you may revoke it in writing at any time, unless the Plan has already disclosed the information.

4. Changes to Existing Laws

Certain provisions of Ohio law may impose greater restrictions on uses and/or disclosures of PHI, or otherwise be more stringent than federal rules protecting the privacy of PHI. If such provisions of Ohio law apply to a use or disclosure of PHI or under other circumstances described in this notice, the Plan must comply with those provisions.

Your Legal Rights

Federal privacy regulations provide you the following rights associated with your medical information:

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. (For example, you could ask that the Plan not disclose or use information about a certain medical treatment you received.)

The Plan is not required to agree to your request. To request restrictions on the use or disclosure of your PHI, you must make your request in writing to the Plan's HIPAA Privacy Contact listed on Page 41. In your request, you must explain: (1) what PHI you want to limit; (2) whether you want to limit the Plan's use, disclosure, or both; and, (3) to whom you want the limits to apply (for example, your spouse).

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at a specific phone number or address. To request confidential communications, you must make your request in writing to the Plan's HIPAA Privacy Contact listed on Page 41. The Plan will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. After the Plan receives your request, the information may be forwarded to your health plan. As a result, additional reasonable information may be required from you by your plan to process the request.

Right to Inspect and Copy Your Information. You have the right, in most cases, to inspect and copy medical information that may be used to make decisions about your care. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Plan's HIPAA Privacy Contact listed on this page. If you request a copy of the information, the Plan may charge a fee for the costs of copying, mailing, or other unusual supplies associated with your request. Under Ohio and federal law, the Plan may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

Right to Request an Amendment. If you feel that medical information about you is incorrect or incomplete, you may ask the Plan to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be made in writing and submitted to the Plan's HIPAA Privacy Contact listed on this page. You must provide reasons that support your request. If the Plan denies your request for any reason under state or federal law, the Plan will permit you to submit a written statement of disagreement to be kept with your PHI. The Plan may reasonably limit the length of such statement of disagreement.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of certain disclosures the Plan has made of medical information about you. This accounting will not include many routine disclosures including, but not limited to, those made to you or pursuant to your authorization, those made for treatment, payment and operations purposes as discussed above, those made for national security and intelligence purposes, and those made to law enforcement in compliance with law.

To request this list or accounting of disclosures, you must submit your request in writing to the Plan's HIPAA Privacy Contact. Your request must state the time period that may not be longer than six (6) years prior to the date on which the accounting is requested. Your request should indicate in what form you want the list (paper or electronic). The first list you request within a 12-month period will be free. For additional lists, the Plan may charge you for the costs of providing the list. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice even if you have received it electronically. You may make your request to the Plan's HIPAA Privacy Contact.

Right to Breach Notification. You have the right to notification if a breach of your unsecured PHI has occurred.

This Notice Is Subject To Change

The Plan reserves the right to change the terms of this notice and its privacy practices at any time. If such a change is made, the new terms and policies will be effective for all of the information that the Plan has about you as well as any information it may hold about you in the future, and will be posted at das.ohio.gov and may be provided by mail if required. If you want to ensure you have the latest version of this notice, you may contact the Plan's HIPAA Privacy Contact.

Whom to Contact

If you believe your privacy rights have been violated, you may file a complaint with the Plan's HIPAA Privacy Contact or with the Secretary of the Department of Health and Human Services.

To file a complaint with the Secretary of the U.S. Department of Health and Human Services, contact the

Office of Civil Rights

U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601.

Complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.

Questions regarding this Notice may be directed to the Plan's HIPAA Privacy Contact:

DAS -- HIPAA Privacy Contact

Greg Pawlack
30 E. Broad St., 27th Floor
Columbus, Ohio 43215
614-466-6205; email: gregory.pawlack@das.ohio.gov

NOTICE OF INITIAL COBRA RIGHTS

You are receiving this notice because you are covered under a group health plan (the "Plan") sponsored by your employer. It is intended to inform you, in a summary fashion, of your potential future options and obligations under the continuation coverage provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA"). Under COBRA, your employer is required to offer covered employees and covered family members the opportunity for a temporary extension of health coverage, called **continuation coverage**, at group rates when coverage under the Plan would otherwise end due to certain "Qualifying events." It is important that all covered individuals read this notice carefully and be familiar with its contents. This notice does not fully describe continuation coverage or other rights under the Plan. More complete information is available from your employer and in the Plan's Summary of Benefits and Coverage, Summary Plan Description and Plan Document.

Your employer is not required to offer COBRA (and this notice does not apply to you) if all employers maintaining the Plan normally employed fewer than 20 full-time employees on a typical business day during the preceding calendar year. If you are not eligible for COBRA, you may be eligible for state continuation coverage. Contact the Plan for more information.

You may have other options available to you when you lose group health coverage. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Qualifying Events

If you are the covered employee, you may have the right to elect COBRA if you lose your group health coverage because of a termination of your employment (for reasons other than gross misconduct on your part) or a reduction in your hours of employment. **If you are the covered spouse of an employee**, you may have the right to elect continuation coverage for yourself if you lose group health coverage because of any of the following reasons: the death of your spouse; termination of your spouse's employment (for reasons other than gross misconduct) or reduction in your spouse's hours of employment; divorce from your spouse; or your spouse becomes entitled to Medicare. If